

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: ME
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: State of Maine, Dept of Health and Human Services		Organizational Unit: Maine Bureau of Health, Div. of Family Health	
Address (give city, county, state and zip code) 286 Water Street, 7th floor State House Station 11 Augusta, ME 04333 County: Kennebec		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Valerie J. Ricker Tel Number: 207-287-5396	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCH and CSHN	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant 1 & 2	b. Project 1 & 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>3,507,117.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>10,434,302.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>13,941,419.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Gilbert M. Bilodeau		b. Title Deputy Commissioner of Finance, DHHS	c. Telephone Number 207-287-1921
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ME

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 3,507,117

A.Preventive and primary care for children:

\$ 2,209,973 (63.01 %)

B.Children with special health care needs:

\$ 1,076,661 (30.7 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 220,483 (6.29 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 10,434,302

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 3,903,140

\$ 10,434,302

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 13,941,419

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 616,651

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 20,152,197

h. AIDS: \$ 0

i. CDC: \$ 441,208

j. Education: \$ 0

k. Other: \$ 0

HGWY \$ 223,197

HRSA/USDA \$ 2,420,815

SS FAMILY PLANNING \$ 273,406

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 24,227,474

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 38,168,893

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: OtherFedFundsOtherFund

Row Name: Other Federal Funds - Other Funds

Column Name:

Year: 2006

Field Note:

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ME

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,610,000	\$ 3,229,169	\$ 3,557,242	\$ 0	\$ 3,507,117	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,716,886	\$ 14,285,294	\$ 9,729,926	\$ 0	\$ 10,434,302	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 13,326,886	\$ 17,514,463	\$ 13,287,168	\$ 0	\$ 13,941,419	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 17,949,748	\$ 20,036,315	\$ 22,027,930	\$ 0	\$ 24,227,474	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 31,276,634	\$ 37,550,778	\$ 35,315,098	\$ 0	\$ 38,168,893	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: ME

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,497,292	\$ 3,730,694	\$ 3,506,368	\$ 3,553,008	\$ 3,553,008	\$ 3,056,255
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 243,627	\$ 168,135	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 12,497,780	\$ 12,735,443	\$ 11,193,233	\$ 13,434,765	\$ 11,705,112	\$ 11,722,744
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 15,995,072	\$ 16,466,137	\$ 14,943,228	\$ 17,155,908	\$ 15,258,120	\$ 14,778,999
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 15,845,628	\$ 12,796,609	\$ 14,870,784	\$ 11,822,088	\$ 14,313,099	\$ 17,106,451
9. Total <i>(Line11, Form 2)</i>	\$ 31,840,700	\$ 29,262,746	\$ 29,814,012	\$ 28,977,996	\$ 29,571,219	\$ 31,885,450
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
The apparent \$500,000 shortfall in FY03 expenditures and no carryover is due to FY03 invoices were not received within the expected timeframe. The invoices for FY03 expenses were paid within 90 days of the close of the fiscal year.
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
The amount is less than budgeted due to reductions in grant awards, and items obligated, but unexpended on 09/30/04.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
The increase in expenditures resulted from prior year expenses not being paid until this fiscal year.
4. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
The apparent 3 million dollar increase in federal funds is due to an increased number of successful grant applications and carryovers from FY02 grants.
5. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
The increase is the result of additional grants that were awarded.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ME

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 947,907	\$ 2,414,949	\$ 945,091	\$ 0	\$ 991,672	\$ 0
b. Infants < 1 year old	\$ 6,168,626	\$ 5,478,142	\$ 6,164,169	\$ 0	\$ 6,542,393	\$ 0
c. Children 1 to 22 years old	\$ 2,640,363	\$ 5,606,540	\$ 2,626,222	\$ 0	\$ 2,721,897	\$ 0
d. Children with Special Healthcare Needs	\$ 2,266,678	\$ 3,121,580	\$ 2,251,945	\$ 0	\$ 2,320,037	\$ 0
e. Others	\$ 1,076,362	\$ 835,431	\$ 1,076,107	\$ 0	\$ 1,144,937	\$ 0
f. Administration	\$ 226,950	\$ 57,821	\$ 223,634	\$ 0	\$ 220,483	\$ 0
g. SUBTOTAL	\$ 13,326,886	\$ 17,514,463	\$ 13,287,168	\$ 0	\$ 13,941,419	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 622,280		\$ 576,850		\$ 616,651	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 197,696		\$ 164,747		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 13,292,353		\$ 17,061,912		\$ 20,152,197	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 731,235		\$ 579,463		\$ 441,208	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
HGWY	\$ 0		\$ 0		\$ 223,197	
HRSA/USDA	\$ 2,420,815		\$ 3,044,197		\$ 2,420,815	
SS FAMILY PLANNING	\$ 0		\$ 0		\$ 273,406	
Hgwy	\$ 311,963		\$ 227,355		\$ 0	
SS Family Planning	\$ 273,406		\$ 273,406		\$ 0	
III. SUBTOTAL	\$ 17,949,748		\$ 22,027,930		\$ 24,227,474	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ME

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,123,160	\$ 2,251,362	\$ 1,853,192	\$ 2,148,918	\$ 1,085,388	\$ 1,824,589
b. Infants < 1 year old	\$ 5,513,507	\$ 6,798,190	\$ 5,082,712	\$ 5,710,656	\$ 7,254,913	\$ 4,747,977
c. Children 1 to 22 years old	\$ 4,071,521	\$ 3,177,055	\$ 4,145,897	\$ 5,317,937	\$ 2,936,361	\$ 4,245,060
d. Children with Special Healthcare Needs	\$ 2,420,550	\$ 2,646,423	\$ 2,348,282	\$ 2,816,981	\$ 2,484,954	\$ 2,833,360
e. Others	\$ 1,692,896	\$ 1,376,703	\$ 1,338,942	\$ 1,049,104	\$ 1,273,136	\$ 1,101,930
f. Administration	\$ 173,438	\$ 216,404	\$ 174,203	\$ 21,312	\$ 223,368	\$ 26,083
g. SUBTOTAL	\$ 15,995,072	\$ 16,466,137	\$ 14,943,228	\$ 17,064,908	\$ 15,258,120	\$ 14,778,999
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 176,767		\$ 176,767		\$ 300,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 90,300	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 172,468		\$ 172,468		\$ 172,468	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 13,262,047		\$ 11,844,158		\$ 12,754,606	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 541,458		\$ 443,219		\$ 543,479	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Coordinated Women's Health	\$ 0		\$ 0		\$ 100,000	
Hgwy	\$ 0		\$ 0		\$ 78,840	
SS Family Planning	\$ 0		\$ 0		\$ 273,406	
HRSA/USDA	\$ 1,507,888		\$ 1,955,689		\$ 0	
Hwy	\$ 85,000		\$ 178,483		\$ 0	
III. SUBTOTAL	\$ 15,845,628		\$ 14,870,784		\$ 14,313,099	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
Categorical expenditure was shifted to fill demographic need. The system for capturing population categories was improved. Now people that previously were counted in the "other" category are now counted in category a, b, c, or d.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
Categorical expenditure was shifted to fill demographic need. The system for capturing population categories was improved. Now people that previously were counted in the "other" category are now counted in category a, b, c, or d.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
Expenses were not received during time period
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2004
Field Note:
Expenditures were shifted to fill demographic need.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
Categorical expenditure was shifted to fill demographic need. The system for tracking capturing population categories was improved. Now people that previously were counted in the "other" category are now counted in category a, b, c, or d.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
Tobacco funds were received and used.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Categorical expenditure was shifted to fill demographic need. The system for capturing population categories was improved. Now people that previously were counted in the "other" category are now counted in category a, b, c, or d.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
This is the result of better tracking of people that were previously counted in the "other" category.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
Expenses in this category were defined better making them fit into other categories listed.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2004
Field Note:
Expenditures in this category were defined better, making them fit into other categories listed.
- 11. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2003
Field Note:

Expenditures didn't materialize. This category includes some administrative positions which were vacant due to the hiring freeze. Also travel was significantly reduced in order to have money available for purchased public health services.

12. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

Several administrative positions were vacant during this time period.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ME

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 9,025,745	\$ 9,791,611	\$ 9,021,019	\$ 0	\$ 9,584,140	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,066,223	\$ 1,158,806	\$ 1,059,795	\$ 0	\$ 1,094,546	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,172,549	\$ 1,496,056	\$ 1,165,388	\$ 0	\$ 1,203,104	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,062,369	\$ 5,067,990	\$ 2,040,966	\$ 0	\$ 2,059,629	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 13,326,886	\$ 17,514,463	\$ 13,287,168	\$ 0	\$ 13,941,419	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ME

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 10,850,299	\$ 11,554,158	\$ 10,688,848	\$ 9,973,250	\$ 10,639,956	\$ 8,602,132
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 694,337	\$ 1,267,468	\$ 787,651	\$ 1,502,799	\$ 1,175,840	\$ 1,142,162
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,880,596	\$ 1,331,648	\$ 1,256,429	\$ 2,238,281	\$ 1,291,823	\$ 1,759,266
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,569,840	\$ 2,312,863	\$ 2,210,300	\$ 3,350,578	\$ 2,150,501	\$ 3,275,439
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 15,995,072	\$ 16,466,137	\$ 14,943,228	\$ 17,064,908	\$ 15,258,120	\$ 14,778,999

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
Invoices not received in time period. In addition there may be some of the decrease may be a reflection of efforts to increase the proportion of human and financial resources dedicated to core public health functions such as population based and infrastructure services.
2. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Needs in this area of service increased. The Title V Program is making efforts to adjust the proportion of human and financial resources available for core public health functions such as population based and infrastructure services.
3. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Needs it this area of services increased.
4. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Needs in this services area increased. The Title V Program is making efforts to adjust the proportion of human and financial resources available for core public health functions such as population based and infrastructure services.
5. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
Tobacco funds provided increased abiltiy to improve capacity building in this category.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: ME						
Total Births by Occurrence: <u>13,662</u>				Reporting Year: 2003		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	13,594	99.5	7	2	2	100
Congenital Hypothyroidism	13,594	99.5	117	12	12	100
Galactosemia	13,594	99.5	7	0	0	
Sickle Cell Disease	13,593	99.5	0	0	0	
Other Screening (Specify)						
Biotinidase Deficiency	13,593	99.5	3	0	0	
Homocystinuria	13,594	99.5	11	0	0	
Congenital Adrenal Hyperplasia (CAH)	13,593	99.5	40	1	1	100
Maple Syrup Urine Disease (MSUD)	13,594	99.5	4	0	0	
Medium Chain AcylCo-A Dehydrogenase (MCAD)	13,593	99.5	3	3	3	100
Optional Metabolics	13,569	99.3	19	2	2	100
Screening Programs for Older Children & Women (Specify Tests by name)						

(1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated.

Sources:

- New England Regional Newborn Screening Program (Columns A and B)
- Maine Newborn Screening Program (Columns C and D)

FIELD LEVEL NOTES

- Section Number:** Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
We had no confirmed cases of sickle cell in 2003.
- Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2006
Field Note:
Optional screening revealed 3-MCC and IVA disorders.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ME

Reporting Year: 2003

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	13,662	38.0				62.0
Infants < 1 year old	13,662	38.0				62.0
Children 1 to 22 years old	90,473	38.0				62.0
Children with Special Healthcare Needs	2,151	38.0				62.0
Others	0	0.0				0.0
TOTAL	119,948					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
No assessment of others has been made.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ME

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	13,662	13,150	168	84	167	32	44	17
Title V Served	13,662	13,150	168	84	167	32	44	17
Eligible for Title XIX	5,191	4,997	64	32	63	12	17	6
INFANTS								
Total Infants in State	12,985	12,398	89	71	165	0	262	0
Title V Served	12,985	12,398	89	71	165	0	262	0
Eligible for Title XIX	4,935	4,711	34	27	63	0	100	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	13,481	164	17					164
Title V Served	13,481	164	17					164
Eligible for Title XIX	5,123	62	6					62
INFANTS								
Total Infants in State	12,816	169	0					169
Title V Served	12,816	169	0					169
Eligible for Title XIX	4,870	64	0					64

FORM NOTES FOR FORM 8

Data sources:

1. Total deliveries in state: Office of Data, Research and Vital Statistics, Maine Bureau of Health
2. Total infants in state: US Census Bureau; July 1, 2003 population estimates for Maine, enumerated by age group and race

The number served by Title V for "Total Deliveries in State" and "Total Infants in State" is estimated at 100% of the total number for each of these measures. The numbers eligible for Title XIX for "Total Deliveries in State" and "Total Infants in State" are estimates based on the percent of Maine population eligible for Title XIX, which is 38 percent. Information is not available on Hispanic or Latino subcategories.

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ME

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 698-3624</u>	<u>(800) 698-3624</u>	<u>(800) 698-3624</u>	<u>(800) 698-3624</u>	<u>(800) 698-3624</u>
2. State MCH Toll-Free "Hotline" Name	MCH Information Line	MCH Information Line	MCH Information Line	MCH Information Line	MCH Information Line
3. Name of Contact Person for State MCH "Hotline"	<u>Mary Colson</u>	<u>Mary Colson</u>	<u>Belinda Golden</u>	<u>Belinda Golden</u>	<u>Belinda Golden</u>
4. Contact Person's Telephone Number	<u>(207) 287-9917</u>	<u>(207) 287-9917</u>	<u>(207) 287-9917</u>	<u>(207) 287-9917</u>	<u>(207) 287-9917</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>		<u>8,204</u>	<u>8,470</u>	<u>12,682</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ME

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: ME

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administered through the Division of Family Health in the Bureau of Health within the Department of Health and Human Services. Programs included in Title V are: Oral Health, Maine Injury Prevention Program, Teen and Young Adult Health, Women and Children's Preventive Health Services, Children with Special Health Needs, Genetics, SSDI, MCH Nutrition, Public Health Nursing, and Healthy Families.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,507,117
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 10,434,302
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 13,941,419

9. Most significant providers receiving MCH funds:

Family Planning Association of Maine
Public Health Nursing
Children with Special Health Needs Clinics
School Based Health Centers

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	13,662
b. Infants < 1 year old	13,662
c. Children 1 to 22 years old	90,473
d. CSHCN	2,151
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

School Based Health Clinics, administered by the Teen and Young Adult Program represent an excellent example of improved health care access through existing institutions. The Division focus continues to be to increase the number of clinics available as well as expand the scope of these programs, capitalizing on the opportunity to reach this underserved population. A state level advisory group functions to explore opportunities and increase awareness to ensure on-going funding for SBHC. The Women and Children's Preventive Health Services in collaboration with WIC, MCH Nutrition and Public Health Nursing is encouraging breastfeeding. More than half of mothers are breastfeeding at hospital discharge. A broad approach focusing on hospitals, as well as, individual counseling regarding breastfeeding benefits is being employed in order to substantially increase the incidence and duration of breastfeeding.

b. Population-Based Services:
(max 2500 characters)

Newborn Screening through the Genetics Program has been very effective in both screening and identifying those with positive results. This has been facilitated through the cross matching of screening results and birth certificates. The Oral Health Program is taking proven oral health education programs and expanding services, as well as data capability. The Oral Health Program works with multiple stakeholders (state and non-governmental agencies) to increase access to dental care/services. SIDS – The Maine SIDS Program provides surveillance of all SIDS events in the state. Across the state, public health nurses respond to all cases identified as a possible SIDS death offering support and follow up services to families and individuals.

c. Infrastructure Building Services:
(max 2500 characters)

Birth Defects Monitoring Program. The Genetics Program activities related to the Birth Defects Program have been scaled back slightly as our CDC application to support these activities was approved but not funded. We will maintain data collection and review until we garner additional funds to carry out other activities previously outlined. Health care providers are required to report on 18 selected conditions identified at birth or through ongoing health evaluations.

12. The primary Title V Program contact person:

Name	Valerie J. Ricker, MSN, MS
Title	Director, Division of Family Health
Address	Key Bank Plaza, 7th Floor, 11 SHS
City	Augusta
State	ME
Zip	04333-0011

13. The children with special health care needs (CSHCN) contact person:

Name	Toni Wall
Title	Program Manager, CSHN
Address	Key Bank Plaza, 7th Floor, 11 SHS
City	Augusta
State	ME
Zip	04333-0011

Phone (207)287-9917
Fax (207)287-5355
Email valerie.j.ricker@maine.gov
Web

Phone (207)287-3311
Fax (207)287-5355
Email toni.g.wall@maine.gov
Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: ME

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	98	98	98
Annual Indicator	99.8	99.8	100.0	100.0	100.0
Numerator	13,559	13,534	19	23	24
Denominator	13,590	13,566	19	23	24
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	14	15		62.8	62.8
Annual Indicator	15	14	62.8	62.8	62.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	62.8	62.8	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	70	75		60	60
Annual Indicator	68.0	79.9	60	60	60
Numerator	36,884	43,319			
Denominator	54,223	54,223			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	60	60	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	85		67.3	67.3
Annual Indicator	82.0	82.0	67.3	67.3	67.3
Numerator	742	720			
Denominator	905	878			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	67.3	67.3	67.3	67.3	67.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				77.3	77.3
Annual Indicator			77.3	77.3	77.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	77.3	77.3	79	79	79
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				14.9	14.9
Annual Indicator			14.9	14.9	14.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14.9	14.9	20	20	20
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	78	77	78	72
Annual Indicator	76	75	80.7	78.6	78.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	81	82	83	84
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	13.1	13	12.9	12.8	12.6
Annual Indicator	13.5	11.8	11.5	12.4	
Numerator	360	320	314	339	
Denominator	26,618	27,040	27,209	27,319	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12.3	12.2	12.1	12	12
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	50	52	55	34
Annual Indicator	48	10.2	34.1	22.7	56.6
Numerator		1,207	2,009	1,405	636
Denominator		11,822	5,895	6,194	1,123
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	56.6	58	58	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4.7	3.7	3.6	3.5	3.5
Annual Indicator	3.7	2.9	3.1	3.4	
Numerator	43	34	37	41	
Denominator	1,166,447	1,167,011	1,212,050	1,195,448	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3.2	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	65	67	65	65	66
Annual Indicator	64.0	63.3	60.5	60.1	61.4
Numerator	8,678	8,589	8,072	7,870	8,055
Denominator	13,559	13,566	13,336	13,097	13,119
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	62	63	64	65	66
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	45	82	92	95	75
Annual Indicator	79.6	80.3	91.4	98.4	89.1
Numerator	10,821	10,894	12,194	12,883	12,208
Denominator	13,590	13,566	13,336	13,097	13,709
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	91	92	93	94
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.7	6	6	10	10
Annual Indicator	6.0	6.0	6.7	7	
Numerator	19,130	19,130			
Denominator	318,835	318,835			
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	50	84	78	80	79
Annual Indicator	81.9	76.6	77.2	78.4	81.3
Numerator	73,712	96,256	109,463	118,870	111,523
Denominator	89,958	125,701	141,850	151,651	137,134
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	82	83	84	85	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1.2	1.2	1.2
Annual Indicator	1.1	1.1	1.1	1.2	1.1
Numerator	733	732	760	791	787
Denominator	68,344	68,328	68,220	68,343	68,669
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9.5	11	11.5	11	11
Annual Indicator	11.7	12.3	10.4	10.1	
Numerator	52	55	47	46	
Denominator	445,061	446,765	452,554	457,310	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	10	9.9	9.8	9.7	9.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	85	82.5	80	80.5
Annual Indicator	82.8	81.7	80.1	80.7	80.8
Numerator	607	598	609	638	636
Denominator	733	732	760	791	787
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	81	81	81.5	81.5	82
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	88	88	89
Annual Indicator	88.1	87.7	87.7	87.2	88.1
Numerator	11,973	12,056	11,880	12,070	12,276
Denominator	13,590	13,750	13,549	13,846	13,929
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	89	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The percent of unintended births in women less than 24 years of age

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	53%	60%	59%	58%	57%
Annual Indicator	56.0	61.5	60.9	59.2	59.2
Numerator	2,067	2,272	2,153		
Denominator	3,693	3,693	3,533		
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	58	57	56	55	54
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 3

Percent of women enrolled in WIC that are breastfeeding their infants at six months of age.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	30%	26%	24%	23	24
Annual Indicator	23.7	23.2	21.6	22.4	24.6
Numerator	213	255	209	212	
Denominator	898	1,101	967	947	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	25	26	27	28	29
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 4

The percentage of adolescents who have received routine dental care in the last year

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	75	78%	78%	80%	80%
Annual Indicator	79.6	78.6	78.6	80.2	80.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	81	81	82	82	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

The motor vehicle death rate per 100,000 among children 15 to 21 years of age

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	27	28	27	27	26
Annual Indicator	29.5	29.7	31.2	28.7	28.7
Numerator	177	178	191	178	
Denominator	600,053	600,140	611,271	620,921	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	28	27	26	25	24
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

To assure timely access to genetics services.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90%	90%	92%	93	
Annual Indicator	89.9	87	86.3	86.5	
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The percent of overweight adolescents in Maine

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	14.0	14%	14	10	13
Annual Indicator	13.0	10.3	10.3	13	12.8
Numerator	18,861				
Denominator	145,087				
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	11	11	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

The percent of kindergarteners who are overweight.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective				13	15
Annual Indicator			13	15.2	15.4
Numerator					209
Denominator					1,358
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	14	14	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

The percent of high school students who report being in a physical fight in the past year.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective			31	30	27
Annual Indicator		31	31	26.5	26.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	26	26	25	25	24
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 13

To increase the percentage of children with special health care needs less than or equal to 18 years of age in Maine receiving comprehensive care coordination.

Annual Objective and Performance Data

	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State. (National Newborn Screening and Genetic Resource Center)

Indicators prior to 2002 are not accurate for this measure due to a misunderstanding concerning how it should be calculated. The 2002 and 2003 indicators were updated in September 2005 to meet the definitions provided in the block grant guidance.

As of July 2001, Maine screens for 9 mandatory conditions (including hemoglobinopathies) and has an optional panel of 19 metabolic disorders.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State. (National Newborn Screening and Genetic Resource Center)

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Indicators prior to 2002 are not accurate for this measure due to a misunderstanding concerning how it should be calculated. The 2002 and 2003 indicators were updated in September 2005 to meet the definitions provided in the block grant guidance.

As of July 2001, Maine screens for 9 mandatory conditions (including hemoglobinopathies) and has an optional panel of 19 metabolic disorders.

3. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

The percent of newborns who are screened and confirmed with conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and who receive appropriate follow up as defined by their State. (National Newborn Screening and Genetic Resource Center)

Indicators prior to 2002 are not accurate for this measure due to a misunderstanding concerning how it should be calculated. The 2002 and 2003 indicators were updated in September 2005 to meet the definitions provided in the block grant guidance.

As of July 2001, Maine screens for 9 mandatory conditions (including hemoglobinopathies) and has an optional panel of 19 metabolic disorders.

4. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

The 2002 indicator of 62.8 % is based on the State estimates from SLAITS. We project an objective of 75 % for 2007 following the next administration of SLAITS when survey data becomes available. However, objectives for 2003-2006 are based on the 2002 indicator because we have no mechanism to assess it. The indicators for 1998 - 2001 are NOT percentages. They reflect the average score (on a 0 to 18 point scale) of a family participation questionnaire. Under Toni Wall's CSHN leadership, the method for determining the score changed in 2000 so that parents themselves answered the questionnaire. This represents a more accurate measure of parental involvement in the CSHN Program.

5. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The indicator for 2002 of 62.8 % is based on the first SLAITS Survey carried out in 2001. It is comparable to the national indicator of 57.5%. An objective of 75% is projected for 2007 when survey data becomes available from the second administration of SLAITS.

The indicators for 1998 to 2001 are NOT percentages. They reflect the average score (on a 0 to 18 point scale) of a family participation questionnaire. The method for determining the score changed in 2000 so that parents themselves answered the questionnaire. This represents a more accurate measure of parental involvement in the CSHN Program.

6. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The 2004 indicator 62.8 % is the value for Maine from the the first National CSHCN Survey carried out in 2001. It is comparable to the national indicator of 57.5%. An objective of 75% is projected for 2007 when data become available from the second administration of the survey.

The indicators for 1998 to 2001 are NOT percentages. They reflect the average score (on a 0 to 18 point scale) of a family participation questionnaire. The method for determining the score changed in 2000 so that parents themselves answered the questionnaire. This represents a more accurate measure of parental involvement in the CSHN Program.

7. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:**Year:** 2002**Field Note:**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

The 2002 indicator of 60 % is based on the State estimate from SLAITS. We project an objective of 72 % for 2007 following the next administration of SLAITS when survey data becomes available. However, objectives for 2003-2006 remains the same as the 2002 indicator because we have no other population wide mechanism to assess it. The percentages for 1998 to 2001 refer to the original PM #3. For 1998, the numerator and denominator were based on estimates from the 1992 National Health Information Survey (NHIS), adjusted for Maine. From 1999-2001, the CSHN Program used an 18% prevalence rate based on Newacheck's work.

8. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

The 2002 indicator of 60% is the measure for Maine from the SLAITS Survey. This is higher than the national measure of 52.6 %. An objective of 72% is projected for 2007 when the survey data from the next administration of SLAITS becomes available.

The percentages for 1998 to 2001 refer to the original NPM # 3. For 1998 the numerator and denominator were based on estimates from the 1992 National Health Information Survey (NHIS), adjusted for Maine. From 1999-2001, the CSHN Program used an 18% prevalence rate based on the work of Paul Newacheck.

9. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

The 2004 indicator of 60% is the value for Maine from the first National CSHCN Survey in 2001. This is higher than the national measure of 52.6 %. An objective of 72% is projected for 2007 when data from the next administration of the survey become available.

The percentages for 1998 to 2001 refer to the original NPM # 3. For 1998 the numerator and denominator were based on estimates from the 1992 National Health Information Survey (NHIS), adjusted for Maine. From 1999-2001, the CSHN Program used an 18% prevalence rate based on the work of Paul Newacheck.

10. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2002**Field Note:**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

The 2002 indicator of 67.3 % is based on the State estimates from SLAITS. We project an objective of 75 % for 2007 following the next administration of SLAITS when survey data becomes available. However, objectives for 2003-2006 remain the same as the 2002 indicator because we have no other population wide mechanism to assess it.

The indicators for the years prior to 2002 refer to the percentage of children directly served by the CSHN Program who had adequate insurance. Please disregard 1998 data, source unclear.

11. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

The 2002 indicator of 67.3% is from the SLAITS Survey. This is higher than the national indicator of 59.6%. An objective of 75% is projected for 2007 when the survey data from the next administration of SLAITS is available.

The indicator for the years prior to 2002 refer to the percentage of children directly served by the CSHN Program who had adequate insurance.

12. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

The 2004 indicator of 67.3% is the value for Maine from the first National CSHCN Survey in 2001. This is higher than the national measure of 59.6 %.

An objective of 75% is projected for 2007 when data from the next administration of the survey become available.

13. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2002**Field Note:**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

The indicator of 77.3 % for 2002 is based on the State estimate from SLAITS. This is a new measure; no data is available prior to 2002. We project an objective of 85 % for 2007 following the next administration of SLAITS when survey data becomes available. However, objectives for 2003-2006 remain the same as the 2002 indicator because we have no other population wide mechanism to assess it.

14. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The indicator of 77.3% for 2002 is from the SLAITS Survey. This is comparable to the 74.3 % for the nation as a whole. An objective of 85% is projected for 2007 when the data from the next administration of SLAITS will be available. This was a new measure in 2002 and no data is available prior to 2002.

15. Section Number: Performance Measure #5**Field Name:** PM05

Row Name:
Column Name:
Year: 2004

Field Note:

The 2004 indicator of 77.3% is the value for Maine from the first National CSHCN Survey in 2001. This is comparable to the 74.3 % for the nation as a whole. An objective of 85% is projected for 2007 when the data from the next administration of SLAITS will be available. This was a new measure in 2002; no data are available prior to 2002.

16. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2002

Field Note:

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

The indicator of 14.9 % is based on state estimates from SLAITS. This is a new measure for 2002. No prior data is available. We project an objective of 25 % for 2007 following the next administration of SLAITS when survey data becomes available. However, objectives for 2003-2006 remain the same as the 2002 indicator because we have no other population wide mechanism to assess it.

We are duly proud that Maine holds the distinction of being the only state in the nation to be able report this indicator.

17. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2003

Field Note:

The indicator of 14.9% is based the SLAITS Survey. An objective of 25% is projected for 2007 when the survey data from the next administration of SLAITS is available. This was a new measure in 2002 and there is no data available before 2002. Maine is the only state in the union with enough information to reliably report on this measure. The national indicator is 5.8%.

18. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2004

Field Note:

The indicator of 14.9% is the value for Maine from the first National CSHCN Survey in 2001. This is comparable to the national indicator of 5.8%. Maine is the only state in the county with sufficient sample size to reliably report on this measure.

An objective of 25% is projected for 2007 when the survey data from the next administration of SLAITS is available. This was a new measure in 2002; no data are available before 2002.

19. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Reporting for 1998-2002 is based on the National Immunization Survey 4:3:1:3:3 series. The 2002 indicator of 80.7% for Maine is not statistically significantly different from the national value of 74.8%. (Note: The 2002 indicator was corrected for the FY06 block grant application; the value reported in prior applications was incorrect.)

20. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2003

Field Note:

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Reporting for 1998-2003 is based on the National Immunization Survey 4:3:1:3:3 series. The 2003 indicator of 78.6% for Maine is not statistically significantly different from the national value of 79.4%. (Note: The 2002 and 2003 indicators were corrected for the FY06 block grant application; the values reported in prior applications were incorrect.)

21. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Reporting for 1998-2004 is based on the National Immunization Survey 4:3:1:3:3 series. The 2004 indicator of 78.6% for Maine is the value from the 2003 survey; 2004 data are not yet available. The value for Maine is not statistically significantly different from the national value of 79.4% (also from 2003). (Note: The 2002 and 2003 indicators were corrected for the FY06 block grant application; the values reported in prior applications were incorrect.)

22. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

The 2002 indicator was updated at the time of the FY06 block grant application due to revision of the population estimate (used in the denominator) by the Office of Data, Research and Vital Statistics, Maine Bureau of Health. The previously-reported value for 2002 was 12.6.

Based on data from countries with the lowest teen birth rates in the world, we chose an objective for 2008-2009 of 12 per 1,000.

23. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2003

Field Note:

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Based on data from countries with the lowest teen birth rates in the world, we chose an objective for 2008-2009 of 12 per 1,000.

24. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2004

Field Note:

Preliminary 2004 birth rates will be available in early 2006.

25. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

The indicator of 10.2 % for the calendar year 2001 is the percent of Medicaid eligible children, ages 7-9, who had at least one sealant placed on a permanent molar tooth. The indicator for 1999 was derived from the 1999 Smile Survey and refers to the proportion of third graders screened who had at least one dental sealant present. Indicators for 1998 and 2000 are estimates based on the Smile Survey. Because the Smile Survey has not been repeated since 1999, we changed our data source for 2001 to Medicaid eligible children. Dental services reported by Medicaid are provided by a dental provider under category of service described as dental services. Any dental services provided by Emergency Rooms are not included. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, dental services are mixed with medical services and can not be separated by claims data analysis. Therefore, the annual indicator is artificially low. What we report reflects any time that a dental service claim includes a procedure code for sealants and the tooth number is a permanent molar. Therefore, we believe that the 10.2 % indicator is extremely low. We look forward to the time when the Smile Survey or a similar survey can be reinstituted. Projected objectives are extremely difficult to estimate based on the Medicaid data.

26. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2003

Field Note:

The indicator of 34.1 in calendar year 2002 and 22.7 in calendar year 2003 is the percent of Medicaid eligible children ages 8 to 9 years of age who had at least one sealant placed on a permanent tooth. Of note is that the procedural coding by dental offices is inconsistent. This influences the ability to determine how many children received sealants (Code D1351) and may partly explain the variation from 2002 to 2003. The data does not include children who received dental care through a provider approved for claims bundling such as a federally qualified health center (FQHC) or a rural health center (RHC). The result is an under reporting of children insured through MaineCare who receive any dental services including sealants. The reduction from 2002 to 2003 may also be due to increased number of dental provider organizations that were approved for claims bundling. Prior to 2001, the indicators for this objective came from the 1999 Smile Survey. Due to the infrequency of the Smile Survey, we chose the Medicaid population for this indicator.

27. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2004

Field Note:

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

The 2004 indicator reflects 3rd grade data from the 2003-2004 Maine Child Health Survey. Data were not weighted due to a low response rate (17.6% for kindergarten and 3rd grade combined). A total of 1234 3rd graders participated in the survey; sealant status was not obtained for 111 (9.0%) of these children. The results reported here are for the 1123 children for whom sealant status was known. Due to the low response rate and high percentage of missing sealant statuses, the results should not be considered generalizable to all 3rd graders in Maine.

The 2001-2003 indicators reflect the percentage of Medicaid-eligible children ages 8 to 9 years who had at least one sealant placed on a permanent tooth. Of note is that the procedural coding by dental offices is inconsistent. This influences the ability to determine how many children received sealants (Code D1351) and may partly explain the variation from 2002 to 2003. The data does not include children who received dental care through a provider approved for claims bundling such as a federally qualified health center (FQHC) or a rural health center (RHC). The result is an under reporting of children insured through MaineCare who receive any dental services including sealants. The reduction from 2002 to 2003 may also be due to increased number of dental provider organizations that were approved for claims bundling.

Prior to 2001, the indicators for this objective came from the 1999 Smile Survey.

28. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

The 2002 indicator is the 5-year average for 1998-2002. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation. (Note: The 2002 indicator was updated at the time of the FY06 block grant application due to revision of both numerator and denominator values by the Office of Data, Research and Vital Statistics, Maine Bureau of Health. The previously-reported value for 2002 was 3.0.)

29. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2003

Field Note:

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

30. Section Number: Performance Measure #10

Field Name: PM10
Row Name:
Column Name:
Year: 2004
Field Note:
2004 data are not yet available.

31. Section Number: Performance Measure #11

Field Name: PM11
Row Name:
Column Name:
Year: 2002
Field Note:
Percentage of mothers who breastfeed their infants at hospital discharge.

The indicator of 63.3 % is for calendar year 2001. The rate reflects infants exclusively breastfed at hospital discharge. This figure does not include infants who were breast and bottle fed. The data source is newborn screening blood spot filter paper specimen. Thus, the denominator is the number of occurrent births.

The measure shows a slight increase from 1998 to 2001. While Maine's rates are lower than those of some other states, many of those states do not report using a measure of exclusive breastfeeding.

32. Section Number: Performance Measure #11

Field Name: PM11
Row Name:
Column Name:
Year: 2003
Field Note:
The indicators of 60.5 and 60.1 are for calendar years 2002 and 2003 respectively. The rate reflects exclusively breastfed newborns at hospital discharge. This figure does not include the infants who were breast and bottle fed. The data source is the bloodspot filter paper newborn screening specimen. Thus, the denominator is the number of births that take place in Maine. The indicator shows a slight decrease from prior years. While Maine's rates are lower than those of some other states, many of those states do not report using a measure of exclusive breastfeeding.

33. Section Number: Performance Measure #11

Field Name: PM11
Row Name:
Column Name:
Year: 2004
Field Note:
Percentage of mothers who breastfeed their infants at hospital discharge.

Indicator is based on feeding method noted on newborn bloodspot filter papers. Beginning in 2004, the indicator reflects those newborns for whom feeding method was known. In 2004, feeding method was known for 13,119 (96.1%) of the 13,709 occurrent births.

34. Section Number: Performance Measure #12

Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
Percentage of newborns who have been screened for hearing before hospital discharge.

The indicator of 80 % is for the calendar year 2001. No data are available until 1997. The data from 1997-2002 represent the percent of newborns who had ACCESS to screening, not the percent of newborns actually screened. The increasing percentage of newborns who had ACCESS reflects increases in the number of hospitals that have screening equipment in place. By 2004, we will be able to assess the actual percentage of newborns screened. Objectives for 2002 and 2003 are based on access. The subsequent objectives for 2004-2007 reflect reasonable estimates for the percentage of infants who actually will be screened.

35. Section Number: Performance Measure #12

Field Name: PM12
Row Name:
Column Name:
Year: 2003
Field Note:
Please note that the measure reported here is the percentage of newborns who have access to a hearing screen before hospital discharge.

The indicator of 98.4 % is for the calendar year 2003. No data are available until 1997. The data from 1997-2003 represent the percent of newborns who had ACCESS to screening, not the percent of newborns actually screened. The increasing percentage of newborns who had ACCESS reflects increases in the number of hospitals that have screening equipment in place. By 2004, we will be able to assess the actual percentage of newborns screened. Objectives for 2002 and 2003 are based on access. The subsequent objectives for 2004-2007 reflect reasonable estimates for the percentage of infants who actually will be screened.

36. Section Number: Performance Measure #12

Field Name: PM12
Row Name:
Column Name:
Year: 2004
Field Note:
For 2003 and prior years, this indicator reflected the percentage of newborns who had *access* to a hearing screen before hospital discharge. Beginning in 2004, the indicator reflects the percentage of newborns that were actually screened. The 89.1% indicator for 2004 is, however, an underestimate, since the two largest hospitals did not fully capture data during the transition to the new electronic reporting system. It is estimated that the true percentage of newborns screened was approximately 97%. (It is assumed that the remaining 3% were the result of parental refusal, home births not screened, or infants who died before screening.)

37. Section Number: Performance Measure #13

Field Name: PM13
Row Name:
Column Name:
Year: 2002
Field Note:
Percent of children without health insurance (Capacity)

The preliminary indicator of 7.6 % is for the calendar year 2002. The indicators from 1998 to 2002 are derived from three random telephone surveys carried out by Mathematica in partnership with the Muskie School of Public Service at the University of Southern Maine. The 1998 indicator of 9.7 % and the corresponding 1999 estimate are based on a telephone survey done in 1997. The 2000 indicator of 6 % and the estimate for 2001 are based on a replication of the 1997 survey carried out between January and June 2000. The preliminary indicator of 7.6 %, from a third survey between January and June 2002, suggests a slight increase in the % of uninsured children. We hypothesize that this increase reflects economic factors, and our objective of 10 % by 2007 is influenced by persisting economic uncertainty mixed with anticipated benefits from Maine's new health care reform, Dirigo Health Plan.

38. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2003

Field Note:

Percent of children without health insurance.

The 2003 indicator reflects analysis of 2002-2003 state data from the pooled 2003 and 2004 Current Population Surveys conducted by the Kaiser Family Foundation and reported on the statehealthfacts.org Web site. The indicator is for children aged 18 years and under.

2002: Indicator is derived from the Maine Child Health Survey for kindergarten age children. Interestingly, the 6.7 % estimated uninsured kindergartners from the Maine Child Survey sample is close to the 5.9 % of children birth to 5 estimated to be uninsured from a Year 2000 survey titled, "Health Insurance Coverage Among Maine's Children" (Ormand C., Salley S., Kilbreth E., 2000).

1999-2001: Indicators derived from random telephone surveys carried out by Mathematica in partnership with the Muskie School of Public Service at the University of Southern Maine.

Our objective of 10 % by 2009 is influenced by persisting economic uncertainty mixed with anticipated benefits from Maine's new health care reform, Dirigo Health Plan.

39. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2004

Field Note:

Percent of children without health insurance.

2004 data are not yet available.

40. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program. (Process)

The latest indicator is for calendar year 2001. The term "potentially Medicaid-eligible" needs to be clarified. Medicaid eligibility is defined as the total number of persons who apply to Medicaid and are found eligible. It does not include uninsured persons. The large increase in the numerator in 2000 reflects a greater understanding by Medicaid of what the data means. Specifically, starting in 2000, Medicaid pulled any claim whatsoever, while prior to 2000, it pulled claims by a combination of category of service and procedure codes. Because FQHC's, RHC's, and ambulatory hospital based clinics bundle their claims and do not provide procedure codes, the identification of claims by procedure code was not accurate. Also, Medicaid changed its reporting time frame from federal fiscal year 2000 (ending 9/30/00) to calendar year 2001, so that data on the last three months of 2000 are not reported in either year. The HEDIS methodology of using 11 months of continuous eligibility was not used in 2001, nor in the prior 3 years. The denominator is based on children determined to be Medicaid eligible on a month to month basis. If a child is eligible for any one month, he or she is counted for inclusion. The denominator increased in 2001 primarily due to increased enrollment for the Healthy Maine Prescriptions Rx Program. The Dirigo Health Plan, enacted in 2003, and other state initiatives will hopefully increase this indicator as a result of more people being served.

41. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2003

Field Note:

The latest indicators are for calendar year 2002 and 2003. The term "potentially Medicaid eligible" needs to be clarified. Medicaid eligibility is defined as the total number of persons who apply to Medicaid and are found eligible. It does NOT include uninsured persons. The large increase in the numerator from 2000 onward reflects a greater understanding by Medicaid of what the data means. Starting in 2000 the Medicaid agency pulled any claim whatsoever, while prior to 2000 it pulled claims by a combination of category of service and procedure codes. Because FQHCs, RHCs, and ambulatory hospital based practices bundle their claims and do not provide procedure codes, the identification of claims by procedure code was not accurate. The denominator is based on children determined to be Medicaid eligible on a month to month basis, rather than the HEDIS method of using 11 months of continuous eligibility. The denominator had a significant increase in 2001 primarily due to the development of the Healthy Maine Prescriptions Rx Program. Participants in the Healthy Maine Prescriptions Rx Program are only eligible for prescription benefits.

42. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2004

Field Note:

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

2004 indicator is for Federal Fiscal Year 2004 (10/1/03-9/30/04). Indicator is for 1-20 year olds.

43. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of very low birth weight infants among all live births.

The latest indicator of 1.1 percent, reported under the column for 2001, represents the five year average for 1997-2001. We report similar 5-year averages going back to 1994-1998 for the column under 1998. This is due to the small number of very low birth weight (VLBW) births. Maine fares quite well compared to other states in its VLBW percentage, as it does for several performance and outcome measures. For the nation as a whole, 1.4% of infants were born with very low birth weight in 2000, compared to Maine's 1.1%. Maine's VLBW percentage has not changed since 1998, and we do not project it to go down any further.

44. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of very low birth weight infants among all live births.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of very low birthweight births, a 5-year moving average has been reported since 1998 in

order to control for potential large year-to-year random variation.

45. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2004

Field Note:

The percent of very low birth weight infants among all live births.

The 2004 indicator is the 5-year average for 2000-2004. Due to the small number of very low birthweight births, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

46. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2002

Field Note:

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

The latest indicator of 12.1, reported in the column for 2001, represents a five year average for 1997-2001. Due to the small number of youth suicide deaths in Maine each year, we have used five year averages since 1998. The national rate for teen suicides for 2000 was 8.2 deaths per 100,000 youths aged 15 through 19. Maine's five-year averages reported in 2000 and 2001 of 11.7 and 12.1 are significantly higher and point to one of the few measures in which Maine does not fare as well as the nation as a whole.

(Note: The denominator for the 2002 indicator was revised at the time the FY06 block grant application was submitted, due to changes in population estimates made by the Office of Data, Research and Vital Statistics, Maine Bureau of Health; the value for the indicator remains the same as originally reported.)

47. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2003

Field Note:

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of suicides, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

48. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

2004 data are not yet available.

49. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Reporting for 2001 is based on a five year average for 1997-2001. Percents reported for previous years are also based on 5 year averages. No observable trend noted over 1997-2001. We don't expect to see much change through 2007 as the regional perinatal system is stable at this time.

50. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2003

Field Note:

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of very low birthweight births, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

51. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2004

Field Note:

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

The 2004 indicator is the 5-year average for 2000-2004. Due to the small number of very low birthweight births, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

52. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester (Risk Factor)

The indicator of 87.7 % is for the calendar year 2001. No observable trend noted. Maine fares better than the nation as a whole on this measure. In 2001, 83.4% of U. S. pregnant women received prenatal care beginning in the first trimester. The objective for 2007 of 90 % is the same as the HealthyMaine2010 objective for 2010.

The denominator refers to all Maine resident births, including those that occurred outside of Maine. This is the standard definition of live births used by Vital Records.

53. Section Number: Performance Measure #18

Field Name: PM18
Row Name:
Column Name:
Year: 2003
Field Note:
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

The performance objective for 2006 and beyond is 90%, which is the Healthy Maine 2010 goal.

54. Section Number: State Performance Measure #2

Field Name: SM2
Row Name:
Column Name:
Year: 2002
Field Note:
The percent of unintended births in women less than 24 years of age

The indicator of 50% is for the calendar year 2000. Because the indicator has not changed since 1996, we considered dropping it. However, upon further discussion, we decided to keep it because it is one of the few measures that gives us information about the often overlooked population of young adult women. To this end, next year we'll report the percent of unintended births according to age groups 18-19 and 20-24.

We rely on the CDC to provide us with data for this measure. To date, no data is available for 2001.

55. Section Number: State Performance Measure #2

Field Name: SM2
Row Name:
Column Name:
Year: 2003
Field Note:
The percent of unintended births in women less than 24 years of age.

The data source for the 2003 indicator is the 2003 PRAMS survey (Maine data).

56. Section Number: State Performance Measure #2

Field Name: SM2
Row Name:
Column Name:
Year: 2004
Field Note:
The percent of unintended births in women less than 24 years of age.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator as the 2004 estimate.

57. Section Number: State Performance Measure #3

Field Name: SM3
Row Name:
Column Name:
Year: 2002
Field Note:
Percent of women enrolled in WIC who are breast feeding their infants at six months of age. (Capacity)

Data for this performance measure is obtained through the state WIC Program. Data for 2002 comes from a random sample of WIC mothers conducted from November to December of 2002. The proportion of women still breastfeeding at 6 months decreased on average 3.1% (95% c.i. 1.3-7.3) per year from 1997-2001. This highlights the importance of continuing this measure and focusing on efforts to reverse the trend. For more information, see the Narrative. Also, knowing that values and behavioral changes take time, we have adjusted our long-range objectives.

58. Section Number: State Performance Measure #3

Field Name: SM3
Row Name:
Column Name:
Year: 2003
Field Note:
Percent of women enrolled in WIC who are breast feeding their infants at six months of age. (Capacity)

Data for this performance measure is obtained through the state WIC Program. Data for 2003 is based on a two month sample of WIC mothers conducted from November to December of 2003. It is difficult to assess the significance of slight variations from year to year.

59. Section Number: State Performance Measure #3

Field Name: SM3
Row Name:
Column Name:
Year: 2004
Field Note:
Percent of women enrolled in WIC that are breastfeeding their infants at six months of age.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we use 2003 data from PedNSS as the 2004 estimate. The PedNSS figure is based on infants enrolled in WIC who turned 6 months of age during the reporting period by/on their date of visit. We are switching to PedNSS data because we realized that the way we had been calculating this measure in past years was not valid. For the 2003 and earlier indicators were based on a 1-2 month sample, with the numerator being the number of infants in WIC who were breastfed at least 6 months; the denominator was the number of infants in WIC who were breastfed at least 6 months plus the number of postpartum teens and women who were not breastfeeding. The measure was not valid, as calculated, because the infants of these nonbreastfeeding postpartum teens/women were less than 6 months of age.

60. Section Number: State Performance Measure #4

Field Name: SM4
Row Name:
Column Name:
Year: 2002
Field Note:
The percentage of adolescents who have received routine dental care in the last year (Capacity)

The source of data is the Youth Risk Behavioral Survey (YRBS) which reports on the percentage of junior and high school students who have seen a dentist for a check-up, exam, cleaning, or other dental work within the 12 months preceding the survey. The YRBS is conducted every other year during the odd numbered year (ex: 1999, 2001). Hence, indicator/objectives will mirror odd number years in even years.

61. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2003

Field Note:

The percentage of adolescents (high school students) who have received routine dental care in the last year (Capacity)

The source of data is the Youth Risk Behavioral Survey (YRBS) which reports on the percentage of middle and high school students who have seen a dentist for a check-up, exam, cleaning, or other dental work within the 12 months preceding the survey. The YRBS is conducted every other year during the odd numbered year (1999, 2001, 2003, etc.). Hence, indicators and objectives in even numbered years will mirror those for odd numbered years.

(Note: The 2003 indicator was revised at the time of the FY06 block grant application to include one decimal place; the previously-reported indicator was 80.)

62. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

The percentage of adolescents (high school students) who have received routine dental care in the last year (Capacity)

The data source for this indicator is the Youth Risk Behavior Surveillance System (YRBS) which reports on the percentage of high school students who have seen a dentist for a check-up, exam, cleaning, or other dental work within the 12 months prior to the survey. The YRBS is conducted every other year during odd numbered year (1999, 2001, 2003, etc.). Hence, the 2004 indicator is taken from the 2003 administration of the survey.

63. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2002

Field Note:

The motor vehicle death rate per 100,000 among persons 15-21 years of age (outcome).

Beginning in 1998, the rate reported is a 5 year average due to the small number of motor vehicle deaths in this age group each year. The indicator for 1998, for example, is the average for the 5 year period of 1994-1998.

The 2002 indicator was updated at the time of the FY06 block grant application due to revision of the population estimate (used in the denominator) by the Office of Data, Research and Vital Statistics, Maine Bureau of Health. The previously-reported value for 2002 was 31.3. The revised 2002 indicator for 15-19 year olds was 30.3; for 20-21 year olds, the revised indicator was 34.0. (The previously-reported indicators for these age groups were 30.4 and 33.7, respectively.)

64. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2003

Field Note:

The motor vehicle death rate per 100,000 among persons 15-21 years of age.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

For 1999-2003, the average annual rate was 28.4 per 100,000 for 15-19 year olds and 29.3 per 100,000 for the 20-21 year olds.

65. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

The motor vehicle death rate per 100,000 among children 15 to 21 years of age.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

66. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of children with special health needs who receive direct services from the State Title V CSHN Program

This measure was revised in 2000 to the above. It is significantly different from the original wording on Form 11. The latest indicator of 3.9 % is for the calendar year 2002. It highlights how the CSHN Program directly serves a very small percent of the total number of CSHN in the state. Estimates of the total number of CSHN in Maine changed from 2001 to 2002 as we switched from Newacheck's national prevalence to that of SLAITS. We will no longer report this indicator. Starting in 2004, we will use a new SPM (#13): the percent of CSHCN less than 18 years old receiving care coordination, a collaborative effort with Medicaid. The new measure will reflect the CSHN Program's shift from direct care to a population-based program (see narrative for further details).

67. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2002

Field Note:

To assure timely access to genetics services

The most recent indicator of 87 % is for State Fiscal Year 2001. This indicator has been measured by calculating the % of pregnant women receiving genetic services who are seen within two weeks of referral.

As of FY2004, this SPM will be changed (see SPM 12 and narrative for further details). The 92% objective for FY 2002 and the 93% objective for FY 2003 pertain to the original SPM 7.

68. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:
Column Name:
Year: 2003

Field Note:
To assure timely access to genetic services.

The most recent indicator of 86.5% is for State Fiscal Year 2003. This indicator has been measured by calculating the % of pregnant women receiving genetic services who are seen within two weeks of referral.

2003 is the last year that data will be reported on this measure. Planning will begin in the fall of 2004 for the new state measure #12, which will measure the % of primary care providers who have knowledge of the impact of genetics on the health of children.

69. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:
Column Name:
Year: 2004

Field Note:
To assure timely access to genetics services.

This state performance measure has been phased out.

70. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:
Column Name:
Year: 2002

Field Note:
The percent of overweight adolescents in Maine

Beginning with calendar year 2001, the data we report is based on the YRBS overweight high school students. Overweight defined as $\geq 95\%$ BMI% for age. The YRBS is done every odd year, so the 2002 indicator is an estimate that reflects the result of the YRBS 2001 survey. The indicator for 2001 (10.3%) is based on a weighted sample from the YRBS, so no numerator and denominator are available. The sample is based on grade levels 9-12, not on any specific age range. Prior to 2001, the performance measure was based on the National Health and Examination Survey (NHANES III).

71. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:
Column Name:
Year: 2003

Field Note:
The percent of overweight adolescents in Maine

Beginning with calendar year 2001, the data we report is based on the YRBS overweight high school students. Overweight defined as $\geq 95\%$ BMI% for age. The YRBS is done every odd year, so the 2003 indicator reflects the result of the YRBS 2003 survey. The indicator for 2003 (13%) is based on a weighted sample from the YRBS, so no numerator and denominator are available. The sample is based on grade levels 9-12, not on any specific age range. Prior to 2001, the performance measure was based on the National Health and Examination Survey (NHANES III).

72. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:
Column Name:
Year: 2004

Field Note:
The percent of overweight adolescents in Maine.

Beginning with calendar year 2001, the data source for this indicator is the Youth Risk Behavior Surveillance System (YRBS), with "overweight" defined as $\geq 95\%$ percentile of BMI for age. The indicator is reported for high school students (grades 9-12). The YRBS is conducted every other year during odd numbered year (1999, 2001, 2003, etc.). Hence, the 2004 indicator is taken from the 2003 administration of the survey.

In 2003, this indicator was rounded to a whole number (i.e., 13%). We report the indicator to the first decimal place for 2004, hence the apparent "change" to 12.8.

Prior to 2001, the performance measure was based on the National Health and Examination Survey (NHANES III).

73. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:
Column Name:
Year: 2002

Field Note:
The percent of children who are overweight

This is a new measure. For 2002, we used baseline data from the NHANES III. However, starting in 2003, we will be using the Maine Child Health Survey to determine this measure. The Survey, developed by our Maine Asthma Program in partnership with other programs in the Bureau of Health, is administered to children in kindergarten, as well as to fifth graders.

74. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:
Column Name:
Year: 2003

Field Note:
The percent of children who are overweight

This is a new measure. For 2002, we used baseline data from the NHANES III. However, starting in 2003, we use the Maine Child Health Survey to measure this indicator. The survey is administered to children in kindergarten, third, and fifth grades. Data is weighted to make it possible to generalize to the whole population. The indicator of 15.2 % (c.i. 10.5 - 21.9) is for Maine children who entered kindergarten in the fall of 2002.

75. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:
Column Name:
Year: 2004

Field Note:

The percent of kindergartners who are overweight.

2004 indicator: Source is the Maine Child Health Survey, conducted during the 2003-2004 school year. Data were not weighted due to a low response rate (17.6% for kindergarten and 3rd grade combined). A total of 1599 kindergartners participated in the survey; weight status was not obtained for 241 (15.1%) of these children. The results reported here are for the 1358 children for whom weight was known. Due to the low response rate and high percentage of missing weight statuses, the results should not be considered generalizable to all kindergartners in Maine.

2003 indicator: Source is the Maine Child Health Survey, conducted during the spring/summer 2002 kindergarten registration/screening (for children who would enter kindergarten in the fall of 2002). Data are weighted to allow analysts to obtain statewide estimates. The response rate for the survey was 40%.

2002 indicator: Baseline data from the NHANES III. However, starting in 2003, we use the Maine Child Health Survey to measure this indicator. The survey is administered to children in kindergarten, third, and fifth grades. The indicator of 15.2 % (c.i. 10.5 - 21.9) is for Maine children who entered kindergarten in the fall of 2002.

76. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2002

Field Note:

To reduce physical fighting among adolescents in Maine.

This is a new measure. The data source will be the biennial Youth Risk Behavioral Survey (YRBS), with baseline data from CY 01. Since this survey is administered in odd years, objectives have been set for the upcoming odd years.

77. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of high school students who report being in a physical fight in the past year.

This is a new measure. The data source will be the biennial Youth Risk Behavioral Survey (YRBS), with baseline data from 2001. Since this survey is administered in odd years, objectives have been set for the upcoming odd years. In 2003, 27% of high school students were in a physical fight in the 12 months preceding the survey. This represents a drop from 31 % in 2001.

(Note: The 2003 indicator was changed to include one decimal place in the FY06 block grant application. The revised indicator is 26.5%; the previously-reported indicator was 27%.)

78. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2004

Field Note:

The percent of high school students who report being in a physical fight in the past year.

The data source for this indicator is the Youth Risk Behavior Surveillance System (YRBS) which reports on the percentage of high school students who report being in a physical fight one or more times during the 12 months prior to the survey. The YRBS is conducted every other year during odd numbered year (1999, 2001, 2003, etc.). Hence, the 2004 indicator is taken from the 2003 administration of the survey.

79. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2002

Field Note:

To decrease the percentage of Maine children, ages 5-12, with a need for obvious dental care.

This is a new measure. Baseline data drawn from the Maine Smile Survey (3rd grade) at 20.4% for 1999. While this Survey (3rd grade) will remain our primary source of data, we will also be analyzing data from the Maine Child Health Survey (kindergarten) CY 2002. It is anticipated that we will repeat both surveys in 2004. Data from them will be analyzed and compared to the 1999 and 2002 surveys respectively. When the data from the CY 04 Maine Smile Survey (3rd grade) is fully compiled and analyzed (CY 05), we will report an indicator for that year, and make consequent projections on future years' objectives (comparing the 04 data against the 99 baseline). This measure will remain on inactive status until that time.

80. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2002

Field Note:

To increase primary care providers' knowledge of the impact of genetics on the health of their population.

This is a new measure. It will replace the old SPM 07: the timely provision of genetic services. The program is now challenging itself to measure the quality of services rendered, as appraised by provider and consumer. We will survey providers for their knowledge of newborn screening. We will also survey families identified through the Newborn Screening Program for their perception of the child's primary care provider's knowledge and awareness of the child's specific disorder and resources. We are in the process of assembling baseline data for this measure, and should have data ready by CY 2004. Therefore, this measure will have an inactive status until 2004.

81. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2002

Field Note:

To increase the percentage of children with special health care needs less than or equal to 18 years of age in Maine receiving comprehensive care coordination.

Data are not available for this measure and it will be phased out.

The proposed numerator was the number of children receiving services through the State's Medicaid Primary Case Management Program. However, the case management provided by that program is not equivalent to comprehensive care coordination within a medical home.

The proposed denominator was to be obtained from the National Survey of Children with Special Health Needs and was the number of children eligible for Medicaid, not the number actually enrolled in Medicaid, which is the denominator needed to accurately calculate this measure (i.e., the number of children with special health needs enrolled in Medicaid who are getting comprehensive care coordination divided by the number of children with special health needs enrolled in Medicaid).

The concept addressed by this measure is covered adequately by National Performance Measure #3.

Note: TVIS requires entry of an estimate for this indicator; since no data are available, we entered 0.

82. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2003

Field Note:

To increase the percentage of children with special health care needs less than or equal to 18 years of age in Maine receiving comprehensive care coordination.

Data are not available for this measure and it will be phased out.

The proposed numerator was the number of children receiving services through the State's Medicaid Primary Case Management Program. However, the case management provided by that program is not equivalent to comprehensive care coordination within a medical home.

The proposed denominator was to be obtained from the National Survey of Children with Special Health Needs and was the number of children eligible for Medicaid, not the number actually enrolled in Medicaid, which is the denominator needed to accurately calculate this measure (i.e., the number of children with special health needs enrolled in Medicaid who are getting comprehensive care coordination divided by the number of children with special health needs enrolled in Medicaid).

The concept addressed by this measure is covered adequately by National Performance Measure #3.

Note: TVIS requires entry of an estimate for this indicator; since no data are available, we entered 0.

83. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2004

Field Note:

To increase the percentage of children with special health care needs less than or equal to 18 years of age in Maine receiving comprehensive care coordination.

Data are not available for this measure and it will be phased out.

The proposed numerator was the number of children receiving services through the State's Medicaid Primary Case Management Program. However, the case management provided by that program is not equivalent to comprehensive care coordination within a medical home.

The proposed denominator was to be obtained from the National Survey of Children with Special Health Needs and was the number of children eligible for Medicaid, not the number actually enrolled in Medicaid, which is the denominator needed to accurately calculate this measure (i.e., the number of children with special health needs enrolled in Medicaid who are getting comprehensive care coordination divided by the number of children with special health needs enrolled in Medicaid).

The concept addressed by this measure is covered adequately by National Performance Measure #3.

Note: TVIS requires entry of an estimate for this indicator; since no data are available, we entered 0.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: ME

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	5.5	5	5.1	5	5
Annual Indicator	5.0	5.3	5.2	5.0	5
Numerator	344	363	356	340	
Denominator	68,344	68,328	68,220	68,343	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.3	2.2	2.6	2.4	2.4
Numerator	6.5	11.9	13.1	12	
Denominator	5	5.3	5.1	4.9	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4	3.9	3.7	3.6	3.6
Annual Indicator	3.6	3.9	3.8	3.8	3.8
Numerator	246	265	261	258	
Denominator	68,344	68,328	68,220	68,343	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1.6	1.5	1.4	1.4	1.4
Annual Indicator	1.4	1.5	1.4	1.2	1.2
Numerator	98	103	95	82	
Denominator	68,344	68,328	68,220	68,348	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	7.3	7.5	7.7	7.6	7.6
Annual Indicator	7.6	7.7	7.8	5.1	5.1
Numerator	521	525	531	350	
Denominator	68,344	68,328	68,220	68,343	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	20	20	19.5	19.5	19
Annual Indicator	19.8	18.3	18.3	18.7	18.7
Numerator	231	214	209	211	
Denominator	1,166,447	1,167,011	1,144,286	1,128,696	
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	18	18	18	18	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2002

Field Note:

The infant mortality rate per 1,000 live births (outcome)

The latest indicator of 5.3 is the five year average for 1997 to 2001 and is reported under the column for 2001. Due to the small number of deaths, we have reported the infant mortality rate as a five year average since the 1998. Maine continues to have one of the lowest infant mortality rates in the country.

2. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2003

Field Note:

The infant mortality rate per 1,000 live births.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of infant deaths, we report a 5-year moving average in order to control for potential large year-to-year random variation.

3. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2004

Field Note:

The infant mortality rate per 1,000 live births.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

4. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2002

Field Note:

The ratio of the black infant mortality rate to the white infant mortality rate (Outcome)

No indicator to report. Only 7 black infants have died in Maine since 1992, so that any calculation of a black to white infant mortality ratio would be virtually impossible to interpret.

5. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2003

Field Note:

The ratio of the black infant mortality rate to the white infant mortality rate.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of infant deaths (and especially black infant deaths), a 5-year moving average is reported in order to control for potential large year-to-year random variation.

It is very difficult to make any inferences on the black to white infant mortality rate ratio in Maine due to the extremely small number of black infant deaths each year.

6. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2004

Field Note:

2004 data are not yet available. The TVIS reporting system data entry for 2004, hence the 2003 indicator was entered as the 2004 estimate.

7. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2002

Field Note:

The neonatal mortality rate per 1,000 live births (outcome)

The latest indicator of 3.8 is a five year average for 1997 to 2001. Due to the small numbers of neonatal deaths, we calculate rates based on 5 year averages for all reporting years. The neonatal mortality rate has stayed about the same for several years, Maine continues to do better than the nation as a whole. The national rate of 4.6 in 2000 was significantly higher than Maine's rate of 3.8.

8. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2003

Field Note:

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of neonatal deaths, a 5-year moving average is calculated in order to control for potential large year-to-year random variation.

9. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:**Year:** 2004**Field Note:**

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

10. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2002**Field Note:**

The postneonatal mortality rate per 1,000 live births (outcome).

The latest indicator of 1.5 is a five year average for 1997-2001. For all reporting years, we compute five year averages due to the low number of postneonatal deaths. While the rate has remained about the same for all reporting years, Maine continues to do better than the nation as a whole, which had a rate of 2.3 for the year 2000.

11. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of postneonatal deaths, we report a 5-year moving average in order to control for potential large year-to-year random variation. The rate has declined significantly from 2.8 in 1985-1989 to 1.2 in 1999-2003.

12. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

13. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2002**Field Note:**

The perinatal mortality rate per 1,000 live births (outcome)

The latest indicator of 7.7 is based on the five year average for 1997 to 2001. Due to the small number of deaths, we use 5 year averages for all reporting years. The perinatal mortality rate has remained roughly the same since 1998. The Maine rate of 7.7 for the five year period 1997-2001 was slightly higher than the national rate of 7.2 for 1998.

14. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of perinatal deaths, we report a 5-year moving average in order to control for potential large year-to-year random variation.

The 2003 indicator cannot be compared with previous years due to the change in the operational definition of this measure (i.e., changing cutpoint for fetal deaths from 20 weeks to >28 weeks).

15. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

16. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2002**Field Note:**

The child death rate per 100,000 children aged 1-14 (Outcome)

The 2001 rate represents the five year average for 1997-2001. Due to the small number of deaths, we have reported rates since 1998 by calculating 5 year averages. No observable trend is seen over this period. The 2003 National Kids Count Data Book reported a national rate of 22/100,000 for the year 2000. This is higher than Maine's most recent indicator.

The 2002 indicator was updated at the time of the FY06 block grant application due to revision of the number of deaths (numerator) and population estimate (denominator) by the Office of Data, Research and Vital Statistics, Maine Bureau of Health. The previously-reported indicator for 2002 was 18.2.

17. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

The child death rate per 100,000 children aged 1 through 14.

The 2003 indicator is the 5-year average for 1999-2003. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

18. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2004

Field Note:

The child death rate per 100,000 children aged 1 through 14.

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ME

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ME FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve Birth Outcomes
2. Improve the safety of the MCH population, including the reduction of intentional and unintentional injuries
3. Improve the respiratory health of the MCH population
4. Increase the proportion of the MCH population who are at a healthy weight and physically active
5. Improve the mental health system of services and supports for the MCH population
6. Foster conditions to improve oral health services and supports for the MCH population
7. Foster the conditions that enable the CSHN Program to move from a direct care focus to a community-based system of care that enables the whole CSHN population to achieve optimal health
8. Foster conditions to expand the medical home model to a comprehensive health home system for the entire MCH population
9. Improve cultural and linguistic competence within the system of services for the MCH population
10. Integrate existing services and supports for adolescents and young adults into a comprehensive system that draws upon their own strengths and needs

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ME

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Assistance w/ financial analysis of MCH resources & development of a plan for appropriate reallocation.	Federal & State funds are fully utilized w/ no capacity to respond to emerging issues. Reallocations need to be made to avoid negative impacts on positive outcomes such as low adol. birth rate, IMR, high screening rates.	Dr. Sheena Bunnell, University of Maine, Farmington
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	TA for cultural and linguistic competency within Title V programs.	Culturally and linguistically competent Title V programs are necessary as Maine becomes more ethnically and racially diverse. Need guidance on self-assessment	National Center for Cultural Competence
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Development of a formal strategic plan for the CSHN program.	CSHN Program needs a defined road map for moving toward more population based and infrastructure services.	New England SERVE; Debbie Allen, BUSPH; Jane Gardner; Maine Center for Public Health
4.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Technical assistance on sampling methodology.	Maine plans to create a coordinated approach for design and admin of its 3 youth surveys. Need assistance w/ sampling, as a non-traditional approach to the survey is needed.	Donna Brogan (Emory Univ); WESTAT; or Oregon Research Institute.
5.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Technical assistance on qualitative data analysis.	To build capacity w/in Title V to conduct a comprehensive review and analysis of information gathered from focus groups when doing needs assessments or other investigation studies.	Dahlia Lynn, Univeristy of Southern Maine; Nancy Riley, Bowden College
6.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Technical assistance on implementing strengths based assessment.	In preparation for 2010 assessment, need to build capacity w/in Epi team to really do a strengths based assessment. Integrate data from multiple sources, choose model, measure systems, put into action.	Faculty from the MCHB Needs Assessment TA session in January 2004; State Adolescent Resource Center at Univ of MN.
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ME

SP # 2

PERFORMANCE MEASURE:

The percent of unintended births in women less than 24 years of age

STATUS:

Active

GOAL

To reduce the incidence of unintended pregnancy in women <24 years of age.

DEFINITION

Numerator:

Number of women <24 surveyed through Pregnancy Risk Assessment Monitoring System (PRAMS) who indicate that their pregnancy was not wanted at the time of pregnancy or was never wanted.

Denominator:

Number of pregnant women <24 surveyed through PRAMS multiply quotient by 100, express as percent.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

All children should be wanted and loved. Women, particularly women in poverty and adolescents are more likely to experience difficulty raising a child. Their pregnancies are more likely to be high risk. They are more likely to need public assistance, and less likely to obtain appropriate health care for themselves and their children. Providing assurance that pregnancies can occur when families are prepared and desirous of children may help improve health outcomes.

SP # 3

PERFORMANCE MEASURE:

Percent of women enrolled in WIC that are breastfeeding their infants at six months of age.

STATUS:

Active

GOAL

To obtain the benefits for infants from breastfeeding for at least the first year of life (per AAP and LaLeche recommendations); including nutritional, immunologic and psychosocial benefits. Six months serves as an intermediate measure of attainment of one year goal. An additional one year measure will be included once increased processes and interventions are in place

DEFINITION

Numerator:

Number of mothers of infants enrolled in WIC that are breastfeeding at six months of age.

Denominator:

Number of mothers of infants enrolled in WIC at six months of age. Multiply quotient by 100, express as a percent.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

WIC Data

SIGNIFICANCE

Breastfed infants have as much as 60% fewer visits to the doctor in the first year of life due to improved immunity and nutritional status. Studies also indicate that the maternal-infant bonding of breastfeeding promote security and may reduce the incidence of child abuse.

SP # 4

PERFORMANCE MEASURE:

The percentage of adolescents who have received routine dental care in the last year

STATUS:

Active

GOAL

To improve the oral health of Maine adolescents. Ongoing dental care is critical to assuring good oral health throughout life. This measure allows for the consistent measure of preventive services attained by teens and young adults.

DEFINITION

The % of high school students reporting a visit to a dental provider for routine care in the last year.

Numerator:

Number of high school students reporting visit to dental provider for routine care in the last year.

Denominator:

Number of high school students in the state.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Youth Risk Behavioral Survey (YRBS) is a tool administered to teens and young adults in grades 6-12 in Maine on a biannual basis. It uses appropriate epidemiologic methods to obtain a representative sample. The survey reports results for middle and high school students separately.

SIGNIFICANCE

Good oral health is necessary to enable people to live healthy, productive lives. Dental disease is common, preventable, and amenable to early intervention. Early intervention in the dental disease process is essential in order to prevent or alleviate pain or infection, and contribute to better overall health. Children are an excellent target for extensive preventive strategies since early dental disease is reversible and treatment can prevent progression to advanced, more painful and destructive disease. This translates into reduced pain and discomfort for consumers as well as financial savings from decreased expensive interventions and restorative services. The proposed performance measure will give an indication of the extent to which teens and young adults are receiving routine dental care.

SP # 5

PERFORMANCE MEASURE:

The motor vehicle death rate per 100,000 among children 15 to 21 years of age

STATUS:

Active

GOAL

To reduce the rate of mortality due to motor vehicle related injuries among children ages 15 to 21.

DEFINITION

Numerator:

Number of motor vehicle related injury deaths among children 15 to 21 years of age.

Denominator:

Number of children aged 15 to 21. Express as rate/100,000

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics, hospital discharge records and CODES data.

SIGNIFICANCE

Motor vehicle related injuries are the leading cause of death among children age 15 to 21. This also serves as a proxy measure for associated high risk behaviors resulting in primarily unintentional injuries. Multiple interventions should impact positively upon this measure, including license restrictions and education focused upon substance abuse and injury prevention.

SP # 7

PERFORMANCE MEASURE:

To assure timely access to genetics services.

STATUS:

Active

GOAL

To assure timely access to genetics services.

DEFINITION

Number of pregnant women receiving genetics services within 2 weeks of referral.

Numerator:

Number of pregnant women receiving genetics services within 2 weeks of referral.

Denominator:

Number of pregnant women referred for genetics services. Multiply quotient by 100, express as a percent.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

HP 2010 Objective 17.20 modified.

DATA SOURCES AND DATA ISSUES

Grantee agency reports and clients' surveys.

SIGNIFICANCE

Wait time for appointments is directly related to availability of genetics professionals and access to services. Comprehensive genetics services provided in a timely manner enable families to make informed choices regarding their pregnancy. A waiting time greater than 2 weeks serves as a proxy measure of the availability of genetic services and professionals.

SP # 8

PERFORMANCE MEASURE:

The percent of overweight adolescents in Maine

STATUS:

Active

GOAL

To reduce the prevalence of overweight in adolescents in Maine.

DEFINITION

This information is gathered from the Youth Risk Behavior Survey, which is administered every two years to middle and high school students in Maine.

Numerator:

Number of high school students who have a BMI for age > 95th percentile. BMI= Body Mass Index (weight (kg)/height squared (m))

Denominator:

Number of adolescents in the State of Maine

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The 1999 Maine Youth Risk Behavior Survey (YRBS) (grades 7-12) collected demographic data including age, weight and height, BMI is calculated from this data. However since this data is unweighted, it is not reported here. Maine has no surveillance system to collect anthropometric data on adolescents.

SIGNIFICANCE

Overweight and obesity are current public health issues and prevalent risk factors for chronic disease. National data show that the percentage of young people who are overweight has more than doubled in the past 30 years. According to the third National Health and Nutrition Examination Survey (NHANES III), approximately 13% of children ages 6-11 and 14% of adolescents ages 12-19 are overweight. Furthermore, more than a third of high school students do not participate in vigorous physical activity on a regular basis. Diet and physical activity are the two primary behavioral factors believed to be associated with overweight. Maine has added collection of self reported height and weight to the YRBS. This information will be collected biannually and represents the best current data regarding overweight and youth in the state.

SP # 9

PERFORMANCE MEASURE:

The percent of kindergarteners who are overweight.

STATUS:

Active

GOAL

To reduce the prevalence of overweight in kindergarteners.

DEFINITION

Number of kindergarteners who have a BMI for age greater than or equal to the 95th percentile. BMI=Body Mass Index [weight (kg)/height squared (m)].

Numerator:

Number of kindergarteners who have a BMI for age greater than or equal to the 95th percentile. BMI=Body Mass Index [weight(kg)/height squared(m)].

Denominator:

Number of kindergarteners who participated in the Maine Child Health Survey.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

19.3 Overweight. Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

Maine's Child Health Survey was conducted during registration and screening of kindergarten children statewide from late spring through fall, 2002. Height and weight measurements of the children reveal that 21% were at risk of overweight, and 15% were overweight. Maine WIC data show that 12% of children were overweight in 2000. Maine has no other surveillance system to collect anthropometric data on children.

SIGNIFICANCE

Overweight and obesity are current public health issues and prevalent risk factors for chronic disease. National data show that the percentage of young people who are overweight has more than doubled in the past 30 years. According to the third National Health and Nutrition Examination Survey (NHANES III), approximately 13% of children ages 6-11 are overweight.

SP # 10

PERFORMANCE MEASURE:

The percent of high school students who report being in a physical fight in the past year.

STATUS:

Active

GOAL

To reduce physical fighting among adolescents.

DEFINITION

The number of high school students who report taking part in a physical fight within the past 12 months (age 14-19).

Numerator:

The number of high school students who report taking part in a physical fight within the past 12 months (age 14-19).

Denominator:

The number of high school students participating in the YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Reduce fighting among adolescents.

DATA SOURCES AND DATA ISSUES

Youth Risk Behavioral System (YRBS)-- self-reported recall data -- only administered in odd years.

SIGNIFICANCE

Violence prevention programs are defined as programs that alter a community, neighborhood or school climate by producing change toward positive attitudes and tolerance of others; and by teaching social and emotional skills. About 20% of Maine students polled by the Dept. of Education reported not feeling safe at school. The importance of implementing age-appropriate prevention programs is critical to building youth tolerance and life skills. Recent Youth Risk Behavioral Surveys of Maine high school students show a significant exposure to violence. 39% of male and 22% of female youth report being in a physical fight within the past year. The Healthy Maine 2010 baseline for physical fighting among adolescents was at 31%, compared with a national rate of 36%. By 2001, the Maine rate was at 31%, and the national at 33%. The primary source of data for this measure will be the Youth Risk Behavioral Survey (YRBS).

PERFORMANCE MEASURE:

To increase the percentage of children with special health care needs less than or equal to 18 years of age in Maine receiving comprehensive care coordination.

STATUS:

Active

GOAL

To accurately identify the number of children in Maine who meet MCH definition of a child with special health needs. To determine to what extent the proportion of those Medicaid children identified with a special health need are receiving care coordination services through Medicaid's Primary Case Management Program. To determine if those care coordination services are different than those care coordination services provided by the Children with Special Health Care Needs Program.

DEFINITION

Number of children less than or equal to 18 years of age who received care coordination services through the State Title V CSHCN Program and Medicaid's Primary Case Management Program.

Numerator:

Number of children less than or equal to 18 years of age who received services through the State's Medicaid Primary Case Management Program.

Denominator:

Number of children in the state less than or equal to 18 years of age who are Medicaid eligible and have special health care needs (SLAITS data, 15.5%). Multiply quotient by 100, express as a percent.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE**DATA SOURCES AND DATA ISSUES**

State CSHCN and Medicaid Programs.

SIGNIFICANCE

Identification of the special needs population is necessary in order to conduct appropriate needs assessments and direct initiatives and interventions based on these needs. Maine uses the following definition to define children with special health care needs: those children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally. Acknowledging the importance of the care coordination process which links Children with Special Health Care Needs and their families to health services and resources maximizes the potential for these children to obtain optimal health care and the opportunity to grow into adulthood.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ME

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	25.2	30.3	25.0	36.1	
Numerator	178	216	163	243	
Denominator	70,726	71,350	65,113	67,227	
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	81.9	91.1	91.3	92.9	86.8
Numerator	4,609	5,714	11,153	11,730	6,034
Denominator	5,625	6,272	12,212	12,632	6,952
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	73.7	90.9	91.4	62.3	72.0
Numerator	42	60	171	71	18
Denominator	57	66	187	114	25
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	83.8	84.6	84.7	86.1	86.9
Numerator	11,361	11,609	11,447	11,899	12,072
Denominator	13,557	13,723	13,522	13,821	13,896
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2000	2001	2002	2003	2004
Annual Indicator	<u>48.0</u>	<u>41.7</u>	<u>35.1</u>	<u>35.5</u>	<u>45.4</u>
Numerator	<u>8,276</u>	<u>7,438</u>	<u>10,479</u>	<u>11,330</u>	<u>11,333</u>
Denominator	<u>17,229</u>	<u>17,843</u>	<u>29,817</u>	<u>31,954</u>	<u>24,939</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2000	2001	2002	2003	2004
Annual Indicator	<u>10.4</u>	<u>9.3</u>	<u>6.5</u>	<u>9.1</u>	<u>1.1</u>
Numerator	<u>262</u>	<u>262</u>	<u>182</u>	<u>247</u>	<u>30</u>
Denominator	<u>2,510</u>	<u>2,820</u>	<u>2,800</u>	<u>2,713</u>	<u>2,776</u>
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

The indicator of 27.1 is for calendar year 2002. The data comes from Vital Records in the Bureau of Health and from hospital discharge records at the Maine Data Health Organization.

2. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2003

Field Note:

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

Numerator = hospitalizations of children <5 years of age for which the principal diagnosis was asthma.

3. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2004

Field Note:

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

2004 data are not yet available.

4. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2002

Field Note:

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen. (Access)

The latest indicator is for calendar year 2001, but is problematic. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, we can not specifically count the number of infants receiving EPSDT procedure codes. There is no way to tell if the service is a periodic screening. All we can do is count whether or not the infant had a claim. The 2002 indicator is an estimate based on previous years' data. The large increase in the numerator in 2000 reflects a greater understanding by Medicaid of what the data means. Specifically, starting in 2000, Medicaid pulled any claim whatsoever, while prior to 2000, it pulled claims by a combination of category of service and procedure codes. Also, Medicaid changed its reporting time frame from federal fiscal year 2000 (ending 9/30/00) to calendar year 2001, so that data on the last three months of 2000 are not reported in either year. The HEDIS methodology of using 11 months of continuous eligibility was not used in 2001, nor in the prior 3 years. The denominator is based on children determined to be Medicaid eligible on a month to month basis. If a child is eligible for any one month, he or she is counted for inclusion. The denominator increased in 2001 primarily due to increased enrollment for the Healthy Maine Prescriptions Rx Program. The Dirigo Health Plan, enacted in 2003, and other state initiatives will hopefully increase this indicator as a result of more people being served.

5. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2003

Field Note:

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen. (Access)

This indicator is problematic. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, we can not accurately count the number of infants receiving EPSDT procedure codes. There is no way to tell if the service is a periodic screening for infants seen in these settings. All we can do is count whether or not the infant had a claim. The large increase in the numerator in 2000 reflects a greater understanding by Medicaid of what the data means. Specifically, starting in 2000, Medicaid pulled any claim whatsoever, while prior to 2000, it pulled claims by a combination of category of service and procedure codes. Also, Medicaid changed its reporting time frame from federal fiscal year 2000 (ending 9/30/00) to calendar year 2001, so that data on the last three months of 2000 are not reported in either year. The HEDIS methodology of using 11 months of continuous eligibility is not used. The denominator is based on children determined to be Medicaid eligible on a month to month basis. If a child is eligible for any one month, he or she is counted for inclusion. The denominator increased in 2001 primarily due to increased enrollment for the Healthy Maine Prescriptions Rx Program. The Dirigo Health Plan, enacted in 2003, and other state initiatives will hopefully increase this indicator as a result of more people having access to health insurance which includes coverage of preventive health services such as well child checks.

6. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2004

Field Note:

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

2004 indicator is for Federal Fiscal Year 2004 (10/1/03-9/30/04).

This indicator is problematic. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, we can not accurately count the number of infants receiving EPSDT procedure codes. There is no way to tell if the service is a periodic screening for infants seen in these settings. All we can do is count whether or not the infant had a claim. The large increase in the numerator in 2000 reflects a greater understanding by Medicaid of what the data means. Specifically, starting in 2000, Medicaid pulled any claim whatsoever, while prior to 2000, it pulled claims by a combination of category of service and procedure codes. The HEDIS methodology of using 11 months of continuous eligibility is not used. The denominator is based on children determined to be Medicaid eligible on a month to month basis. If a child is eligible for any one month, he or she is counted for inclusion. The denominator increased in 2001 primarily due to increased enrollment for the Healthy Maine Prescriptions Rx Program. The Dirigo Health Plan, enacted in 2003, and other state initiatives will hopefully increase this indicator as a result of more people having access to health insurance which includes coverage of preventive health services such as well child checks.

It is difficult to interpret any differences between the 2004 indicator and indicators for prior years due to a change in MaineCare staff calculating this measure; we are uncertain as to whether consistent criteria were used across the years.

7. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2002

Field Note:

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

The latest indicator is for calendar year 2001, but is problematic. The CHIP Program began in 1998, and infants less than one year of age were not eligible for Maine's CHIP Program. In October 1999, eligibility for infants increased to 200% of federal poverty level. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, we can not specifically count the number of persons receiving EPSDT procedure codes. There is no way to tell if the service is a periodic screening. All we can do is count whether or not they had a claim. The 2002 indicator is an estimate based on previous years' data. 2002 data is not yet available.

8. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

The most recent data is for calendar years 2002 and 2003. Prior to the development of SCHIP, Maine's Medicaid Program covered infants up to 185% FPL. With the addition of the SCHIP program, coverage was expanded to cover infants between 185% and 200% of FPL. This translates to a small number of infants. Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics are permitted to bundle their Medicaid claims. With claims bundling, the Medicaid agency is unable to specifically count the number of persons receiving EPSDT procedure codes, as there is no way to determine if the service was a periodic screen. We believe this results in under reporting for this indicator. There is a significant drop in the percentage of children less than one year of age receiving at least one periodic screen in CY03. To date, the etiology of the drop has not been determined. In 1999, Medicaid blended SCHIP with Title XIX.

9. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

The 2004 indicator is for federal fiscal year 2004 (10/1/03-9/30/04).

Prior to the development of SCHIP, Maine's Medicaid Program covered infants up to 185% FPL. With the addition of the SCHIP program, coverage was expanded to cover infants between 185% and 200% of FPL. This translates to a small number of infants. Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics are permitted to bundle their Medicaid claims. With claims bundling, the Medicaid agency is unable to specifically count the number of persons receiving EPSDT procedure codes, as there is no way to determine if the service was a periodic screen. We believe this results in under reporting for this indicator. There is a significant drop in the percentage of children less than one year of age receiving at least one periodic screen in CY03. To date, the etiology of the drop has not been determined. In 1999, Medicaid blended SCHIP with Title XIX.

It is difficult to interpret any differences between the 2004 indicator and indicators for prior years due to a change in MaineCare staff calculating this measure; we are uncertain as to whether consistent criteria were used across the years.

10. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index. (Prevention)

The indicator has remained at about the same level since 1998.

The 2002 indicator was revised at the time of the FY06 block grant application due to updated numbers from the Office of Data, Research, and Vital Statistics. The previously-reported indicator was 84.9.

11. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year. (Prevention)

The percent of EPSDT eligible children age 6 - 9 years who have received any dental services during the year.

The most recent indicator is for the calendar year 2001. Dental services reported here are provided by a dental provider under category of service described as dental services. Any dental services provided by Emergency Rooms are not included. Due to Claims Bundling by Rural Health Centers, Federally Qualified Health Centers, and ambulatory hospital based clinics, dental services are mixed with medical services and can not be separated by claims data analysis. Therefore, the annual indicator is artificially low. Please note that last year's application reported data for FY 2000, and these numbers have now been amended to show calendar year 2000 as well as the change in methodology. For calendar year 2001, as well as, the dental claims cannot be fully analyzed.

12. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of EPSDT eligible children age 6 - 9 years who have received any dental services during the year.

13. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2004

Field Note:

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

2004 indicator is for federal fiscal year 2004 (10/1/03-9/30/04).

It is difficult to interpret any differences between the 2004 indicator and indicators for prior years due to a change in MaineCare staff calculating this measure; we are uncertain as to whether consistent criteria were used across the years.

14. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2002**Field Note:**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

We report 6.5 % for calendar year 2002. The increase noted from 1999 to 2000 was due in part to the CSHN Program's effort to aggressively focus on this population for inclusion into the Program. The indicator for 2002 has gone down due to reduced staffing.

15. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2003**Field Note:**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

We report 9.1 % for calendar year 2003. The increase noted from 1999 to 2000 was due in part to the CSHN Program's effort to vigorously focus on this population for inclusion into the Program. The indicator for 2002 went down due to reduced staffing.

16. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2004**Field Note:**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

This indicator has decreased as the CSHCN program is moving from a direct service program to actively building a community-based system of care. Also, reductions in staff have given the program an opportunity to prioritize who is receiving direct services and focusing on serving children and youth who have no other source of health insurance. The CSHCN program serves only those SSI beneficiaries whose needs cannot be met through MaineCare (the state's Medicaid program).

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ME

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Other	<u>7.1</u>	<u>5.9</u>	<u>6.5</u>
b) Infant deaths per 1,000 live births	2003	Other	<u>5.7</u>	<u>4</u>	<u>4.9</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Other	<u>83.3</u>	<u>91.3</u>	<u>87.2</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Other	<u>75.9</u>	<u>97</u>	<u>86.1</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: ME

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2004	<u>150</u> <u>133</u> <u> </u>
c) Pregnant Women	2004	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: ME

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid

Field Name: Med_Infant

Row Name: Infants

Column Name:

Year: 2006

Field Note:

Title 19 for infants is up to 185% of FPL.

2. **Section Number:** Indicator 06 - Medicaid

Field Name: Med_Children

Row Name: Medicaid Children

Column Name:

Year: 2006

Field Note:

Medicaid (Title XIX) for children 1 to 5 goes to 150 % FPL, then Title XXI kicks in to 200 % FPL.

Title XIX for children 6 to 18 goes to 133 % FPL, then Title XXI kicks in to 200 % FPL.

3. **Section Number:** Indicator 06 - Medicaid

Field Name: Med_Women

Row Name: Pregnant Women

Column Name:

Year: 2006

Field Note:

Medicaid for pregnant women goes to 185 %, then Title XXI kicks in to 200 % FPL.

4. **Section Number:** Indicator 06 - SCHIP

Field Name: SCHIP_Infant

Row Name: Infants

Column Name:

Year: 2006

Field Note:

Title XIX for infants is up to 185% of FPL. Title XXI covers infants from 186% to 200% of FPL.

5. **Section Number:** Indicator 06 - SCHIP

Field Name: SCHIP_Children

Row Name: SCHIP Children

Column Name:

Year: 2006

Field Note:

Title XXI eligibility for children age range 1 to 5 starts at 151% of FPL.

Title XXI eligibility for children 6 to 18 starts at 134% FPL.

6. **Section Number:** Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2006

Field Note:

Pregnant women are covered under SCHIP from 186 to 200 % FPL.

7. **Section Number:** Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2006

Field Note:

***Data sources:

Medicaid: Data are from the Maine Bureau of Medical Services, using the MaineCare data system, and are for federal fiscal year 2003.

All: Data are from the Office of Data, Research and Vital Statistics, Maine Bureau of Health, using birth certificate files, and are for calendar year 2003.

Non-Medicaid: Calculated by subtracting the Medicaid number of low birthweight babies from the All number of low birthweight babies and dividing that by the number of All live births minus the number of Medicaid live births. Due to the different time periods for which data were available from these two sources (federal fiscal year vs. calendar year), this figure is an rough estimate, rather than an actual value.

Maine Bureau of Medical Services staff have indicated that there are some concerns about the birth information in the MaineCare data system. Another potential data source for this indicator is the 2003 PRAMS survey, which found that 7.1% of MaineCare births were low birthweight, compared with 4.7% of non-MaineCare births and 5.7% of all births statewide.

8. **Section Number:** Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2006

Field Note:

Data sources:

Medicaid: Data are from the Maine Bureau of Medical Services, using the MaineCare data system, and are for federal fiscal year 2003. MaineCare manually matched the names on a list of infant deaths (provided by the Office of Data, Research and Vital Statistics at the Maine Bureau of Health) against the MaineCare database. A child was considered to be in the Medicaid population if either the child was enrolled in MaineCare or the child's mother was "full MaineCare eligible" on the child's birth date.

All: Data are from the Office of Data, Research and Vital Statistics, Maine Bureau of Health, using birth certificate files, and are for calendar year 2003.

Non-Medicaid: Calculated by subtracting the Medicaid number of infant deaths from the All number of infant deaths and dividing that by the number of All live births minus the number of Medicaid live births. Due to the different time periods for which data were available from these two sources (federal fiscal year vs. calendar year), this figure is an rough estimate, rather than an actual value.

9. Section Number: Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2006

Field Note:

***Data sources:

Medicaid: Data are from the Maine Bureau of Medical Services, using the MaineCare data system, and are for federal fiscal year 2003.

All: Data are from the Office of Data, Research and Vital Statistics, Maine Bureau of Health, using birth certificate files, and are for calendar year 2003.

Non-Medicaid: Calculated by subtracting the Medicaid number of infants born to pregnant women receiving prenatal care starting in the first trimester from the All number of infants born to pregnant women receiving prenatal care beginning in the first trimester and dividing that by the number of All live births minus the number of Medicaid live births. Due to the different time periods for which data were available from these two sources (federal fiscal year vs. calendar year), this figure is an rough estimate, rather than an actual value.

Maine Bureau of Medical Services staff have indicated that there are some concerns about the birth information in the MaineCare data system. Another potential data source for this indicator is the 2003 PRAMS survey, which found that 77.7% of women enrolled in MaineCare received prenatal care during the first trimester, compared with 89.9% of women who were not enrolled in MaineCare and 84.7% of women statewide.

10. Section Number: Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2006

Field Note:

The 86.1% figure reported as percent of all pregnant women with adequate prenatal care reported on this form is for calendar year 2003. Form 17 includes the 2004 indicator, which is 86.9%. 2003 was used on this form because Medicaid data were available for federal fiscal year 2003.

Data sources:

Medicaid: Data are from the Maine Bureau of Medical Services, using the MaineCare data system, and are for federal fiscal year 2003.

All: Data are from the Office of Data, Research and Vital Statistics, Maine Bureau of Health, using birth certificate files, and are for calendar year 2003.

Non-Medicaid: Calculated by subtracting the Medicaid number of pregnant women with adequate prenatal care from the All number of pregnant women with adequate prenatal care and dividing that by the number of All women giving birth minus the number of Medicaid live births. Due to the different time periods for which data were available from these two sources (federal fiscal year vs. calendar year) and slightly different denominators (women giving birth vs. live births), this figure is an rough estimate, rather than an actual value.

Maine Bureau of Medical Services staff have indicated that there are some concerns about the birth information in the MaineCare data system. As such, we also present the following values from the 2003 PRAMS survey:

"Medicaid" population: 82.4%

"Non-Medicaid" population: 90.9%

"All" population: 87.3%

(Note: For the PRAMS analysis, a woman was considered to be in the "Medicaid" population if she reported that she was enrolled in Medicaid/MaineCare just before pregnancy or that Medicaid/MaineCare was one of the payers for her prenatal care or delivery.)

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ME

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ME

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Maine Youth Drug and Alcohol Use Survey (MYDAUS)	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other: Maine Child Health Survey – Kindergarten, 3rd & 5th gr	2	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAD
Row Name: Annual linkage of infant birth and infant death certificates
Column Name:
Year: 2006
Field Note:
Access to this data is via the Office of Data, Research and Vital Statistics in the Maine Bureau of Health.
2. **Section Number:** Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2006
Field Note:
We plan to conduct the first linkage of birth certificates and WIC eligibility files in late 2005. The initial linkage will cover the 1999-2003 birth cohorts.
3. **Section Number:** Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2006
Field Note:
Mandatory reporting to the Birth Defects Surveillance System began on 5/1/03. As of February 2005, there were 17 reportable defects (primarily cardiac and neural tube defects).
4. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2006
Field Note:
Access to this data is via the Office of Data, Research and Vital Statistics in the Maine Bureau of Health.
5. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2006
Field Note:
Access to YRBS data is through the Maine Department of Education (DOE). The Maine Bureau of Health has a longstanding collaborative relationship with DOE and has access to the electronic database for analysis.
6. **Section Number:** Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2006
Field Note:
The Maine Youth Drug and Alcohol Use Survey (MYDAUS) is administered by the Office of Substance Abuse (OSA). The survey is designed to quantify alcohol, tobacco, and other substance use among Maine middle and high school students and to identify risk and protective factors for these behaviors. The survey is administered in even-numbered years. Epidemiologists working with MCH-related programs at the Bureau of Health have direct access to the electronic database for analysis.
7. **Section Number:** Indicator 09C
Field Name: Other1_09C
Row Name: Other
Column Name:
Year: 2006
Field Note:
The Maine Child Health Survey is administered to kindergartners and 3rd graders in even-numbered years and to 5th graders in odd-numbered years. The survey is a joint effort of the Maine Asthma Program, Oral Health Program, and Title V.

Due to low response rates, survey results may not be generalizable to the entire state. Data are weighted though, for analysts who wish to present statewide estimates accompanied by a caveat about the low response rate.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ME

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.0		6.3	6.5	6.4
Numerator	819		855	904	891
Denominator	13,590		13,549	13,846	13,929
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.5		4.8	4.8	4.7
Numerator	594		634	649	628
Denominator	13,170		13,111	13,388	13,416
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.1		1.2	1.2	1.0
Numerator	733		162	161	146
Denominator	68,341		13,549	13,846	13,929
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.8		0.9	0.8	0.7
Numerator	531		118	108	98
Denominator	66,232		13,111	13,388	13,416
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.6		6.6	6.9	6.9
Numerator	20		80	83	
Denominator	232,544		1,212,050	1,195,448	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.7		3.1	3.4	3.4
Numerator	46		37	41	
Denominator	1,235,755		1,212,050	1,195,448	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	28.4		30.1	28.0	28
Numerator	229		247	234	
Denominator	806,401		819,484	835,218	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	202.4		194.8	195.6	195.6
Numerator	498		457	451	
Denominator	246,000		234,656	230,535	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	36.2		23.4	17.8	17.8
Numerator	89		55	41	
Denominator	246,000		234,656	230,535	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	240.7		147.9	124.3	124.3
Numerator	383		255	220	
Denominator	159,141		172,365	176,994	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	11.5		13.7	13.8	13.8
Numerator	501		620	627	
Denominator	43,662		45,209	45,515	
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.7		3.9	4.3	4.3
Numerator	602		871	958	
Denominator	223,972		221,607	220,713	
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. Section Number: Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of live births weighing less than 2,500 grams. (Risk)

2001 indicator (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data): 6.0% (numerator = 831, denominator = 13,750).

2. Section Number: Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of live singleton births weighing less than 2,500 grams. (Risk)

2001 indicator (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data): 4.6% (numerator = 612, denominator = 13,294).

3. Section Number: Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of live births weighing less than 1,500 grams. (Risk)

2001 indicator (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data): 1.2% (numerator = 166, denominator = 13,750).

4. Section Number: Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of live singleton births weighing less than 1,500 grams. (Risk)

2001 indicator (available at time of FY06 block grant application, but TVIS would not allow entry of 2001 data): 0.7% (numerator = 97; denominator = 13,294).

5. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2002

Field Note:

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger. (Injuries).

Due to the small number of unintentional injury deaths, beginning with the 2001 indicator, we report 5-year moving averages in order to control for potential large year-to-year random variation.

The 2002 indicator is the 5-year average for 1998-2002.

Indicator for 2001 (5-year average for 1997-2001) (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 7.3 per 1000 (numerator = 89, denominator = 1,225,016).

6. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2004

Field Note:

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger. (Injuries)

2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.

7. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2002

Field Note:

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes. (Injuries)

The 2002 indicator is the 5-year average for 1998-2002. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.

Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 3.0 per 100,000 (numerator = 37, denominator = 1,225,016).

8. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2003

Field Note:

Child Motor Vehical Crash Mortality is calcualted as a five year average. Thus, the indicator reported for 2002 of 3.1 represents a five year average for 1998-2002.

9. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes. (Injuries)
- 2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.
10. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2002
Field Note:
The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years. (Injuries)
- The 2002 indicator is the 5-year average for 1998-2002. Due to the small number of motor vehicle deaths, a 5-year moving average has been reported since 1998 in order to control for potential large year-to-year random variation.
- Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 28.5 per 100,000 (numerator = 231, denominator = 809,445).
11. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2003
Field Note:
The indicator reported for 2002 of 30.4 represents the moving average for the years 1998-2002.
12. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2004
Field Note:
The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years. (Injuries)
- 2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator (which is the average annual rate for 1999-2003) as the 2004 estimate.
13. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2002
Field Note:
The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger. (Injuries)
- Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 205.8 per 100,000 (numerator = 489, denominator = 237,611).
- Numerator = # of hospitalizations among 0-14 year old Maine residents for which the principal diagnosis is an injury and the patient's disposition is not "expired."
14. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2003
Field Note:
The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger. (Injuries)
- Numerator = # of hospitalizations among 0-14 year old Maine residents for which the principal diagnosis is an injury and the patient's disposition is not "expired."
15. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2004
Field Note:
The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger. (Injuries)
- 2004 data are not yet available. TVIS requires that an estimate be entered for 2004; we used the 2003 indicator as the 2004 estimate.
16. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2002
Field Note:
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger. (Injuries)
- Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 25.7 per 100,000 (numerator = 61, denominator = 237,611).
- Numerator = # of hospitalizations among 0-14 year old Maine residents for which the principal diagnosis is an injury, the first valid e-code is for motor vehicle traffic, and the patient's disposition is not "expired."
17. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:

Year: 2003

Field Note:

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger. (Injuries)

Numerator = # of hospitalizations among 0-14 year old Maine residents for which the principal diagnosis is an injury, the first valid e-code is for motor vehicle traffic, and the patient's disposition is not "expired."

18. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2004

Field Note:

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger. (Injuries)

2004 data are not yet available; we used the 2003 indicator as the 2004 estimate.

19. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2002

Field Note:

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years. (Injuries)

Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 157.8 per 100,000 (numerator = 263, denominator = 166,673).

Numerator = # of hospitalizations among 15-24 year old Maine residents for which the principal diagnosis is an injury, the first valid e-code is for motor vehicle traffic, and the patient's disposition is not "expired."

20. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2003

Field Note:

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years. (Injuries)

Numerator = # of hospitalizations among 15-24 year old Maine residents for which the principal diagnosis is an injury, the first valid e-code is for motor vehicle traffic, and the patient's disposition is not "expired."

21. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2004

Field Note:

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years. (Injuries)

2004 data are not yet available; we used the 2003 indicator as the 2004 estimate.

22. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2002

Field Note:

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia. (Prevention)

Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 13.1 per 1000 (numerator = 586, denominator = 44,739).

23. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2004

Field Note:

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia. (Prevention)

2004 data are not yet available; we used the 2003 indicator as the 2004 estimate.

24. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2002

Field Note:

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia. (Prevention)

Indicator for 2001 (available at the time of the FY06 block grant application, but TVIS will not allow entry of 2001 data for this indicator): 3.3 per 1000 (numerator = 735, denominator = 222,693).

25. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2004

Field Note:

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia. (Prevention)

2004 data are not yet available; we used the 2003 indicator as the 2004 estimate.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12,985	12,398	89	71	165	0	262	0
Children 1 through 4	54,242	51,664	501	345	598	20	1,114	0
Children 5 through 9	74,526	70,850	766	556	859	27	1,468	0
Children 10 through 14	88,782	85,148	851	639	763	37	1,344	0
Children 15 through 19	93,767	89,882	910	745	966	38	1,226	0
Children 20 through 24	83,227	79,433	943	638	1,154	59	1,000	0
Children 0 through 24	407,529	389,375	4,060	2,994	4,505	181	6,414	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	12,816	169	0
Children 1 through 4	53,476	766	0
Children 5 through 9	73,533	993	0
Children 10 through 14	87,780	1,002	0
Children 15 through 19	92,736	1,031	0
Children 20 through 24	82,091	1,136	0
Children 0 through 24	402,432	5,097	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	9	8	1	0	0	0	0	0
Women 15 through 17	339	321	4	8	6	0	0	0
Women 18 through 19	793	767	8	10	3	0	4	1
Women 20 through 34	10,759	10,356	127	61	130	23	39	23
Women 35 or older	1,950	1,873	26	6	26	8	2	9
Women of all ages	13,850	13,325	166	85	165	31	45	33

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	8	1	0
Women 15 through 17	332	7	0
Women 18 through 19	782	9	2
Women 20 through 34	10,617	129	13
Women 35 or older	1,926	20	4
Women of all ages	13,665	166	19

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	68	63	0	2	0	0	0	3
Children 1 through 4	15	13	0	0	0	0	0	2
Children 5 through 9	11	10	0	1	0	0	0	0
Children 10 through 14	19	16	0	1	0	0	0	2
Children 15 through 19	49	47	0	1	1	0	0	0
Children 20 through 24	71	70	0	0	0	0	0	1
Children 0 through 24	233	219	0	5	1	0	0	8

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	65	1	2
Children 1 through 4	12	2	1
Children 5 through 9	9	1	1
Children 10 through 14	17	0	2
Children 15 through 19	43	1	5
Children 20 through 24	68	0	3
Children 0 through 24	214	5	14

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	324,302	309,942.0	3,117.0	2,356.0	3,351.0	122.0	5,414.0	0	2004
Percent in household headed by single parent	31.0	31.0					44.0	39.0	2004
Percent in TANF (Grant) families	9.0								2004
Number enrolled in Medicaid	133,319	115,526.0	3,133.0	1,746.0	527.0	101.0	0	12,286.0	2004
Number enrolled in SCHIP	23,452	21,280.0	305.0	233.0	64.0	16.0	0	1,554.0	2004
Number living in foster home care	2,628	2,211.0	86.0	40.0	15.0	5.0	0	271.0	2004
Number enrolled in food stamp program	65,555	42,742.0	2,103.0	1,329.0	486.0	67.0		18,828.0	2004
Number enrolled in WIC	27,274	25,086.0	973.0	238.0	345.0		593.0	39.0	2004
Rate (per 100,000) of juvenile crime arrests	4,980.9							4,980.9	2004
Percentage of high school drop-outs (grade 9 through 12)	2.7	2.6	2.1	8.2	2.6				2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	320,341.0	3,961.0	0	2004
Percent in household headed by single parent	31.0	46.0		2004
Percent in TANF (Grant) families			9.0	2004
Number enrolled in Medicaid			133,319.0	2004
Number enrolled in SCHIP			23,452.0	2004
Number living in foster home care	2,476.0	66.0	86.0	2004
Number enrolled in food stamp program	46,146.0	581.0	18,828.0	2004
Number enrolled in WIC	26,911.0	363.0		2004
Rate (per 100,000) of juvenile crime arrests			4,980.9	2004
Percentage of high school drop-outs (grade 9 through 12)		5.8		2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	130,829
Living in urban areas	130,461
Living in rural areas	189,457
Living in frontier areas	4,384
Total - all children 0 through 19	324,302

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,305,728.0
Percent Below: 50% of poverty	4.1
100% of poverty	10.9
200% of poverty	29.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ME

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	324,302.0
Percent Below: 50% of poverty	5.6
100% of poverty	13.7
200% of poverty	35.2

FORM NOTES FOR FORM 21

*Health Status Indicators 6A / 6B:

- Source: US Census Bureau, July 1, 2003 population estimates for Maine, by age group, race, and ethnicity; these estimates are the most recent available ones are therefore used as our estimates for 2004.

*Health Status Indicators 7A / 7B:

- Race- and ethnicity-specific data are yet not available for 2004; we present 2003 data here as estimates for 2004.
- In addition to the 13,850 births recorded in this form, there was also one birth to a non-Hispanic white woman of unknown age.

*Health Status Indicators 8A / 8B:

- 2004 data are not available; we present 2003 data here as estimates for 2004.

*Health Status Indicators 9A / 9B:

- Readers should be very cautious when comparing numbers on the "All children 0 through 19" line with the numbers for any given program due to the following reasons:
a) The "All children" numbers (obtained from the U.S. Census Bureau) use a different set of race categories than that used by most programs. As such, a given child could be counted in different race categories on different lines of the form. For example, a child whose mother was white and whose father was black would be included in the "More than one reported" category on the "All children" line, but might be included in the "Black or African American" category on the "Number enrolled in Medicaid" line. (This likely is a major part of the explanation why there appear to be more Black or African children enrolled in the Medicaid program than are living in the state.)
b) Race is unknown for a large proportion of the children in certain programs.
c) The "All children" numbers are estimates; the program numbers are actual counts.
d) The "All children" numbers are as of July 1, 2003; many of the program numbers are from other time periods.
e) The "All children" numbers are for 0-19 year olds; the WIC numbers are for 0-4 year olds.
We strongly recommend that readers do not calculate percentages using the "All children" numbers as the denominator.

*Health Status Indicator 10:

- Numbers presented here are estimates for 2003. They were derived by determining the proportion of the Maine population (all ages) that lived in each type of geographic area as of the 2000 Census and applying those proportions to the estimated Maine 0-19 year old population for 2003.
- Frontier: Defined as Piscataquis County (i.e., the only frontier county in the state)
- Metropolitan: Defined as the Bangor, Lewiston-Auburn, and Portland New England County Metropolitan Areas (as defined in the 2000 Census)

*Health Status Indicator 11:

- Total population is the 2003 estimate for all ages provided by the Office of Data, Research and Vital Statistics, Maine Bureau of Health.
- Percentages are from the 2000 Census, Maine data, all ages

FIELD LEVEL NOTES

1. Section Number: Indicator 09A

Field Name: HSIRace_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

All children 0 through 19, by race.

2004 data are not yet available; we used the US Census Bureau's July 1, 2003 population estimates for Maine, enumerated by age group and race, as our estimates for 2004.

2. Section Number: Indicator 09A

Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Percent in household headed by single parent, by race.

2004 data are not available; we used Maine data from the 2003 American Community Survey on the percentage of families with own children under 18 years that have a householder with no spouse present as a proxy for 2004 for this indicator. As such, our data reflect percent of families rather than percent of children.

Data are presented for the state as a whole, white, more than one race, and other. The statewide, white, and more than one race figures are from the Census Bureau's Web site. The Web site will not, however, display data for the other race categories because the number of sample cases is too small. As such, we determined the percentage for the "Other" category by subtracting the white and two or more race numbers from the total numbers and then performing the appropriate calculations.

3. Section Number: Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Percent in TANF (Grant) families, by race.

Counts were obtained from the Maine Bureau of Family Independence for 0-19 year olds in calendar year 2004. We chose not to report race-specific percentages on this form because race was unknown for 26% of the 0-19 year old TANF clients.

The Total percent in TANF (Grant) families is an estimate based on numerator data from the Maine Bureau of Family Independence for calendar year 2004 and denominator data from the US Census Bureau for July 1, 2003.

4. Section Number: Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data are for federal fiscal year 2003 (10/1/02-9/30/03).

The race categories in the Medicaid database are different from those used in TVIS. The "American Indian or Alaska Native" number reported here is the Medicaid American Indian category. The "Hawaiian or Other Pacific Islander" number reported here is the Medicaid Hawaiian category. The "Asian" number reported here is the Medicaid Filipino category.

5. Section Number: Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data are for federal fiscal year 2003 (10/1/02-9/30/03).

The race categories in the SCHIP database are different from those used in TVIS. The "American Indian or Alaska Native" number reported here is the SCHIP American Indian category. The "Hawaiian or Other Pacific Islander" number reported here is the SCHIP Hawaiian category. The "Asian" number reported here is the SCHIP Filipino category.

6. Section Number: Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Number enrolled in food stamp program, by race.

Counts were obtained from the Maine Bureau of Family Independence for 0-19 year olds in calendar year 2004. Please note that race is unknown for 29% of the 0-19 year old TANF clients.

7. Section Number: Indicator 09A

Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Number enrolled in WIC, by race.

Data are for calendar year 2004; 0-4 year olds.

The race categories in the WIC database are different from those used in TVIS. The "White" number reported here is Hispanic plus White, not of Hispanic origin. The "Black" number reported here is Black, not of Hispanic origin. The "Asian" number reported here is Asian or Pacific Islander.

8. Section Number: Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

2004 data are not available; the rate reported here is for 0-19 year olds for 2003. Race/ethnicity information is not available for these arrests.

9. Section Number: Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Percentage of high school drop-outs (grade 9 through 12), by race.

Data are for the 2003-2004 school year.

The Maine Department of Education's data system does not code Hispanic ethnicity separately from race (i.e., "Hispanic" is one of the race categories). Also, the Asian value reported here is for Asian and Pacific Islanders combined.

10. Section Number: Indicator 09B

Field Name: HSIEthnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

All children 0 through 19, by Hispanic ethnicity.

2004 data are not yet available; we used the US Census Bureau's July 1, 2003 population estimates for Maine, enumerated by age group and ethnicity, as our estimates for 2004.

11. Section Number: Indicator 09B

Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Percent in household headed by single parent, by Hispanic ethnicity.

2004 data are not available; we used Maine data from the 2003 American Community Survey on the percentage of families with own children under 18 years that have a householder with no spouse present as a proxy for 2004 for this indicator. As such, our data reflect percent of families rather than percent of children.

The value for NOT Hispanic or Latino is based on White Alone, non-Hispanic families.

12. Section Number: Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Percent in TANF (Grant) families, by Hispanic ethnicity.

Counts were obtained from the Maine Bureau of Family Independence for 0-19 year olds in calendar year 2004. We chose not to report Hispanic-ethnicity-specific percentages on this form because Hispanic ethnicity was unknown for 26% of the 0-19 year old TANF clients.

TVIS requires that at least one field be completed for this indicator. As such, we report the Total percent in TANF (Grant) families in the Ethnicity Not Reported field. This is an estimate based on numerator data from the Maine Bureau of Family Independence for calendar year 2004 and denominator data from the US Census Bureau for July 1, 2003.

13. Section Number: Indicator 09B

Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Information regarding Hispanic ethnicity is not available for clients enrolled in Medicaid.

14. Section Number: Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Information regarding Hispanic ethnicity is not available for clients enrolled in SCHIP.

15. Section Number: Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Number enrolled in food stamp program, by Hispanic ethnicity.

Counts were obtained from the Maine Bureau of Family Independence for 0-19 year olds in calendar year 2004. Please note that Hispanic ethnicity is unknown for 29% of the 0-19 year old TANF clients.

16. Section Number: Indicator 09B

Field Name: HSIEthnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Number enrolled in WIC, by Hispanic ethnicity.

Data are for calendar year 2004; 0-4 year olds.

The WIC database does not record race and ethnicity separately. The Total Hispanic or Latino value reported here is those children for whom race was coded as Hispanic. The Total NOT Hispanic or Latino value here is all other children.

17. Section Number: Indicator 09B

Field Name: HSIEthnicity_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

2004 data are not available; the rate reported here is for 0-19 year olds for 2003. Race/ethnicity information is not available for these arrests.

18. Section Number: Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Percentage of high school drop-outs (grade 9 through 12), by Hispanic ethnicity.

Data are for the 2003-2004 school year. The Maine Department of Education does not collect race and Hispanic ethnicity information separately. The "Total Hispanic or Latino" value reported here is for those students for whom race is coded as Hispanic.

19. Section Number: Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

This is the percentage of the population for whom poverty status is 0 to 99% FPL.

20. Section Number: Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

This is the percentage of the population for whom poverty status is 0 to 199% FPL.

21. Section Number: Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

This is the percentage of the population for whom poverty status is 0 to 99% FPL.

22. Section Number: Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

This is the percentage of the population for whom poverty status is 0 to 199% FPL.

23. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

This is the count of children ages 0-19 years who are in the care of the Maine Department of Health and Human Services, where the Department is the court appointed guardian and the children are living in a community foster home (not an institutional setting).

Data are a point-in-time estimate, as of June 2, 2005, rather than for an entire year.

24. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2006
Field Note:
This is the count of children ages 0-19 years who are in the care of the Maine Department of Health and Human Services, where the Department is the court appointed guardian and the children are living in a community foster home (not an institutional setting).

Data are a point-in-time estimate, as of June 2, 2005, rather than for an entire year.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ME

SP # 1

PERFORMANCE MEASURE:

The percentage of births in women less than 24 years of age that are unintended.

GOAL

To reduce the incidence of unintended pregnancy in women <24 years of age.

DEFINITION

Numerator:

Number of women <24 surveyed through Pregnancy Risk Assessment Monitoring System (PRAMS) who indicate that just before they got pregnant, they either wanted to be pregnant later or did not want to be pregnant then or anytime in the future.

Denominator:

Number of pregnant women <24 surveyed through PRAMS

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

Increase the proportion of pregnancies among 15-44 year olds that are intended to 70%.

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

All children should be wanted and loved. Women, particularly women in poverty and adolescents are more likely to experience difficulty raising a child. Their pregnancies are more likely to be high risk. They are more likely to need public assistance, and less likely to obtain appropriate health care for themselves and their children. Providing assurance that pregnancies can occur when families are prepared and desirous of children may help improve health outcomes. We have made great strides in reducing unintended pregnancies in the 15 to 17 year olds. We have made the least improvement in youth 18- 19 years and 20 to 24 years of age. Attention needs to focus on the later two groups.

OBJECTIVE

2006	2007	2008	2009	2010
58	57	56	55	54

SP # 2

PERFORMANCE MEASURE:

The percentage of 0-11 month old children enrolled in WIC who were ever breastfed.

GOAL

To obtain the benefits for infants from breastfeeding for at least the first year of life (per AAP and LaLeche recommendations); including nutritional, immunologic and psychosocial benefits. Initiation of breastfeeding is a shared goal of the USDA. Increasing initiation rates is the first step toward attaining the one year goal. Once initiation increases, we will change to a six-month breastfeeding measure.

DEFINITION

Numerator:

Number of infants enrolled in WIC who were born during the reporting period who were ever breastfed.

Denominator:

Number of infants enrolled in WIC who were born during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Increase proportion of mothers who breastfeed their babies during early postpartum period to 75%.

DATA SOURCES AND DATA ISSUES

PedNSS (which is 100% WIC data in Maine)

SIGNIFICANCE

Breastfed infants have as much as 60% fewer visits to the doctor in the first year of life due to improved immunity and nutritional status. Studies also indicate that the maternal-infant bonding of breastfeeding promote security and may reduce the incidence of child abuse. The Maine WIC program has incentives in place to encourage WIC agencies to increase breastfeeding initiation among their clients.

OBJECTIVE

2006	2007	2008	2009	2010
56	58	60	62	64

SP # 3

PERFORMANCE MEASURE:

The motor vehicle death rate per 100,000 among children 15 to 21 years of age

GOAL

To reduce the rate of mortality due to motor vehicle related injuries among children ages 15 to 21.

DEFINITION

Numerator:

Number of motor vehicle related injury deaths among children 15 to 21 years of age.

Denominator:

Number of children aged 15 to 21.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Numerator: Death certificates (Maine Office of Data, Research and Vital Statistics) Denominator: Population file (Maine Office of Data, Research and Vital Statistics)

SIGNIFICANCE

Motor vehicle related injuries are the leading cause of death among children age 15 to 21. This also serves as a proxy measure for associated high risk behaviors resulting in primarily unintentional injuries. Multiple interventions should impact positively upon this measure, including license restrictions and education focused upon substance abuse and injury prevention.

OBJECTIVE

2006	2007	2008	2009	2010
27	26	25	24	23

SP # 4

PERFORMANCE MEASURE:

The percentage of high school students (grades 9-12) who are overweight

GOAL

To reduce the prevalence of overweight among high school students.

DEFINITION

Numerator:

Number of high school students (grades 9-12) who have a BMI for age > 95th percentile. BMI= Body Mass Index (weight (kg)/height squared (m))

Denominator:

Number of high school students

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

Reduce proportion of children/adolescents (ages 12-19) who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey (YRBS) (grades 9-12); self-reported height and weight.

SIGNIFICANCE

Overweight and obesity are major public health issues and risk factors for several chronic disease. National data show that the percentage of young people who are overweight has more than doubled in the past 30 years.

OBJECTIVE

2006	2007	2008	2009	2010
12	11	11	10	10

SP # 5

PERFORMANCE MEASURE:

The percentage of high school students (grades 9-12) who feel like they matter to people in their community.

GOAL

To obtain the benefits of improving adolescent attachment to their communities including improved self-esteem, decreased suicide ideation, and improved school performance.

DEFINITION

Numerator:

Number of high school students (grades 9-12) who report that they "agree" or "strongly agree" that they matter to people in their community.

Denominator:

Number of high school students in the State of Maine

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey (YRBS) (grades 9-12)

SIGNIFICANCE

This measure was selected based on our desire to look at strengths and not just deficits. It is based in the Search Institute's knowledge regarding the relationship between increased youth assets and decreased risk behavior. Vermont has monitored 5 assets of youth strength for several years and using this indicator moves us toward a shared regional measure. The question was first asked in Maine in the 2005 YRBS.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

The percentage of elementary schools that have developed and implemented a comprehensive approach to the prevention of bullying in collaboration with the Maine Injury Prevention Program.

GOAL

To increase the number of schools in the state that are providing a comprehensive approach to reduce the detrimental effects of peer victimization among elementary school students.

DEFINITION

Numerator:

The cumulative number of elementary schools in the State that have developed and implemented a comprehensive approach to bullying prevention to date, in collaboration with the Maine Injury Prevention Program.

Denominator:

The number of elementary schools in the State of Maine.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Maine Injury Prevention Program

SIGNIFICANCE

The MCHB is focusing attention on decreasing bullying in youth 9 through 14 years of age. Bullying often leads to other violent behavior or actions that result in increased morbidity and mortality. The Maine Injury Prevention Program is already directing resources (human and financial) on reducing bullying. Focusing on elementary schools supports changes in behavior at an earlier stage and has the ability to reduce morbidity and mortality related to intentional injury.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE:

The rate per 1000 of emergency department visits for asthma among women ages 15-44.

GOAL

To improve the management of asthma among women of childbearing age to reduce the need for emergency services.

DEFINITION

Numerator:

Number of emergency department visits among women ages 15-44 (Maine residents) for which the principal diagnosis is asthma (439.0-439.9).

Denominator:

The number of women ages 15-44 residing in the State of Maine.

Units: 1000 **Text:** 2

HEALTHY PEOPLE 2010 OBJECTIVE

Reduce hospital emergency department visits for asthma.

DATA SOURCES AND DATA ISSUES

Numerator: Emergency Department dataset, Maine Health Data Organization Denominator: Population dataset, Maine Office of Data, Research and Vital Statistics.

SIGNIFICANCE

Data show that asthma is more prevalent among women compared to men and that women are seen in emergency departments for their asthma more often than men. Clinical providers report a high proportion of asthma symptoms in pregnant women. Emergency department use is a way to assess the efficacy of asthma management plans.

OBJECTIVE

2006	2007	2008	2009	2010
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